

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ (year not necessary)

For family membership, please list all names included in your immediate family, along with their birthdays:

Any production areas you would like to volunteer for (costumes, set construction, etc.):

Make check payable to Pontiac Theatre IV. Mail check and completed form to Pontiac Theatre IV, P.O. Box 431042, Pontiac, MI 48343.