

★ Coimbra Adaptive Theatre Association ★

PROGRAM APPLICATION

Name: _____ Age: _____ Pronouns: _____

Phone: _____ Email: _____

WhatsApp: _____ FB Messenger: _____

Language: ☐ Portuguese ☐ English ☐ Other: _____

Emergency Contact: _____

Desired Accommodation(s): _____

Allergies: _____

ANNUAL MEMBERSHIP:

☐ Adult (Ages 18-65) 20€ ☐ Disabled/Senior (Ages 66+) 15€ ☐ Child (Ages 5-17) 10€

ANNUAL SPONSORSHIP:

☐ Small business (0-10 employees) 150€ ☐ Large business (>10 employees) 250€

PARTICIPATION:

1. Which areas of the production would you like to be involved in? (Select all that apply.)

☐ Onstage ☐ Backstage ☐ Volunteer ☐ Audience only

(Stop here if you are a sponsor or chose "Audience only.")

2. (Backstage) What special skills do you have? (Onstage) Do you have prior acting experience?

3. What is your experience in the theatre? Just being in the audience counts!

4. (Backstage) What special skills do you have? (Onstage) Do you have prior acting experience?

5. What personal goals do you have for this program?

☐ Build confidence ☐ Teamwork ☐ Make friends ☐ Have fun ☐ Be creative

☐ Improve language skills ☐ Communication skills ☐ Learn acting skills ☐ Practice patience

☐ Improve memory skills ☐ Other _____

By signing this document, you acknowledge that you wish to join this production and are committed to being a team player.

Signature: _____

Date: _____