I should like to be a volunteer at RLT. Please contact me. I am interested in helping with any of the following (please tick):			
Box Office	Front of House Duty Manager		
Tea/Coffee	Ice Cream		
Bar	Technical Operation (Sound or Lights)		
If you would like to act or h	elp backstage as crew, please see any member of staff to be put in touch		

In the near future, a Little Theatre Committee member will be in touch. We are grateful for your interest.

with a Committee Member or Producer to have an informal chat to make this happen.

(PLEASE SEE OTHER SIDE)

RETFORD LITTLE THEATRE MEMBERSHIP APPLICATION

Please complete this application form when joining in person or by post. Postal applications should include a stamped addressed envelope and a cheque for the correct amount made payable to **Retford Little Theatre**. I/We apply for membership of Retford Little Theatre.

Name(s) (block letters)

Address (block letters)

Town (block letters)

Postcode (block letters)

By giving us your contact details you hereby consent to our contacting you in line with GDPR.

Telephone

Email address

Signed

FOR THEATRE ADMIN USE ONLY Membership Numbers

Please enter the quantity and values required for each of the following:				
Adult Member £48.00 (each)	Qty	Cost £		
Patron Member £60.00 (each)	Qty	Cost £		
Under 25s Member £5.00 (each)	Qty	Cost £		
Permanent Seat £5.00 (each)	Qty	Cost £		
	TOTAL	Cost £		
Revised July 2023 (PLEASE SEE OTHER SIDE)				