



LEARNING IN THE WINGS
INTEREST FORM / PERMISSION SLIP

Fill out, sign and return to:

Palace Theater | Attention: David Flowers
100 East Main Street
Waterbury, CT 06702
flowers@palacetheaterct.org

Student Name: _____ Age: _____ Grade: _____

School Currently Attending: _____

Address: _____ City: _____, CT_ Zip: _____

Home Phone: _____ Student Cell: _____

Name of Guardian: _____ Guardian Cell: _____

School Address: _____ City: _____, CT_ Zip: _____

Recommending Teacher: _____ School Phone: _____

_____ (student name) has my permission to job shadow/intern for the following shows,
dates and times:

Table with 2 columns: Show, Day, Date, and Time. Three rows for listing shows and times.

The student is interested in observing: (please number in order of preference)

___ Lights ___ Sound ___ Costumes ___ Props ___ Hospitality ___ Rigging ___ Carpentry

Backstage Theater Etiquette: THE BASICS!

- 1. Artists should NEVER be approached unless given a directive to do so by a Palace or Show Crew member.
2. Attire when working backstage
- No open toed shoes
- No loose jewelry
- Preferably plain black pants and shirt
3. In the interest of safety, only perform tasks assigned yo YOU by the crew. Do NOT assume or take upon yourself to perform any specific task.

Student should complete the following questions: *(please use back of page if more room is needed)!*

1. What I already know about working backstage...

2. What I would like to learn...

We understand the Palace Theater is a union house and a professional theater where touring artists and crew members permit students to witness and, when appropriate, assist in their normal workday. Due to the variety of artists and crew members, we are aware that the Palace Theater cannot guarantee a PG-13 environment and may encounter situations and language not consistent with school or home environment. The theater is not liable for any physical injuries.

It is understood the Palace Theater will provide a qualitative experience, but cannot guarantee a student will observe his/her first choice department. The student agrees to complete the Interview Questionnaire and Final Evaluation Form and understands he/she will be evaluated by Palace Theater Staff. *All School Rules Apply!*

Parent/Guardian Signature

Date

Student Signature

Date

Recommending Teacher Signature

Date

Yes I give consent for the taking of photographs, video, and sound recordings of my child. Furthermore, I agree that they may be published/aired including his/her name in connection with the promotion of the Palace Theater, or the Learning in the Wings program.

_____ Parent/Guardian Initials