

Youth Actors Academy of Lincoln, Inc.

TEEN PROGRAM 2024 CREW PACKET

Age 13 to 18 (by June 1, 2024)



TEEN EDITION

CHICAGO: TEEN EDITION

Book by FRED EBB and BOB FOSSE

Music by
JOHN KANDER

Lyrics by FRED EBB

Based on the play by Maurine Dallas Watkins Script Adaptation by David Thompson

CHICAGO: TEEN EDITION is presented by arrangement with Concord Theatricals. www.concordtheatricals.com

Thank you for your interest in volunteering for *Chicago: Teen Edition* at Youth Actors Academy of Lincoln!

POSITIONS: Crew positions will include costumes, props, stage crew, booth crew, hair, and makeup. The teams will be coordinated by a member of the Stage Management team. Crew positions will be announced shortly after the Cast List is released.

EXPECTATIONS: Members of crew are expected to participate in their assigned group and actively help with the assigned tasks. Included is a calendar of potential crew work days. The first week of rehearsals, the crews can expect to have at least one group meeting to review tasks and plan other work days. Specific information for each group will be sent out after the groups are assigned. Listing conflicts does not preclude you from participating in crew, but allows the team to better assign groups and work days. However, booth crew and stage crew must be available during tech rehearsals, dress rehearsals, understudy rehearsal, and performance weekends. Hair, makeup, and costume crews must be available during dress rehearsals, understudy rehearsal, and performance weekends. All crew members will be expected to participate in strike.



PERSONAL INFORMATION FORM (CREW)

First & Last Name:				Toda	ay's Date:	
Phone Number:				Birtl	ndate:	
Email Address:				Heig	tht:	
Parent Name:				Eye	Color:	
Parent Phone:				Hair	Color:	
Parent Email:					al Range: if known)	
High School/Middle	e School:				•	
Experience/Special	Skills					
Please indicate you	r top three o	choices by circlin	ng and placing a 1, i	2, or 3 next to	your choices:	
Costumes	Props	Stage Crew	Booth Crew	Hair	Makeup	Other
Please read and sig	gn below an	d submit this fo	rm with a theatrica	al resume and	completed confli	ct calendars.
By signing, you confirm all listed conflicts are production from the fi	complete an	d accurate, you u	nderstand the time	commitment, a	nd that you are co	
Your Name/Signatur						
Parent Name/Signat	ture:	ed Name		Signatur	2	
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CONFLICT CALENDARS - MARK YOUR CONFLICTS BELOW CALENDAR

JUNE 2024

2	3	4	5	6	7	8
		Crew Meeting	Crew Meeting	Crew Meeting	Optional Movie	
		TBD	TBD	TBD	Night	
9	10	11	12	13	14	15
		Crew Work	Crew Work	Crew Work		
		TBD	TBD	TBD		
16	17	18	19	20	21	22
		Crew Work	Crew Work	Crew Work	Optional Poster	
		TBD	TBD	TBD	Run	
23	24	25	26	27	28	29
		Crew Work	Crew Work	Crew Work		
		TBD	TBD	TBD		

JUNE CONFLICTS:

JULY/AUGUST 2024

	1	2	3	4	5	6
		Crew Work	Crew Work			
		TBD	TBD			
7	8	9	10	11	12	13
		Crew Work	Crew Work	Crew Work		
		TBD	TBD	TBD		
14	15	16	17	18	19	20
		Crew Work	Crew Work	Crew Work		Tech Rehearsal
		TBD	TBD	TBD		12-5pm
21	22	23	24	25	26	27
Tech Rehearsal	Tech Rehearsal	Tech Rehearsal	Tech Rehearsal	Final Dress	Performance	Performance
12-5pm	5-10 pm	5-10 pm	5-10 pm	5-10 pm	7 pm	1 pm & 6 pm
						_
28	29	30	31	1	2	3
Performance			U/S Rehearsal	U/S Performance	Performance	Performance
1 pm			5-10 pm	7pm	7 pm	1 pm
						STRIKE to 8pm

JULY CONFLICTS:



Youth Actors Academy of Lincoln, Inc.

LIABILITY WAIVER

The undersigned does hereby waive, release, and discharge all claims against the Youth Actors Academy of Lincoln, Inc (YAAL) for damages, death, personal injury and property damage which may occur as a result of participation in this activity. I understand that accidents can occur in this activity. Knowing the risks of this activity, I do hereby agree to assume those risks. By signing this release, I understand that if an injury occurs, I have waived my right to hold a lawsuit against Youth Actors Academy of Lincoln, Inc (YAAL). This release is intended to discharge and hold harmless Youth Actors Academy of Lincoln, Inc (YAAL), instructors, corporate officers, and/or corporate members, from liability.

The undersigned understands that by participating in this program there is a risk of exposure to communicable diseases, including but not limited to COVID-19. Personal precautionary measures are encouraged to reduce this risk. The undersigned assumes all risks associated with such exposure.

The undersigned agrees to abide by policies put in place by Youth Actors Academy of Lincoln, Inc (YAAL). These policies can be found on the YAAL website. https://yaal.org/wordpress/about-us/policies/

Your Name/Signature:			
	Printed Name	Signature	
Parent			
Name/Signature:			
	Printed Parent Name	Signature	