



**ALABAMA
THESPIANSSM**

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

2018 Alabama Thespian Conference State Thespian Officer Candidate Application

Instructions

All of the following conditions must be met; failure to comply will result in the candidate being withdrawn from the ballot.

1. This form must be TYPED, completed fully, and all pages mailed. **You must retain an electronic copy.** These responses will be made available for delegates.
2. This completed form must be mailed to:
(snail mail)
Mrs. Allison Taylor
4265 Hathaway Lane
Mt. Olive, AL 35117
3. The completed form must arrive NO LATER than March 31, 2018. You will receive an email confirmation once your application has arrived at the email address you have listed below.

1. APPLICANT'S INFORMATION	
NAME (First / Middle / Last)	GRADE
HIGH SCHOOL NAME	TROUPE NUMBER
SCHOOL ADDRESS (Street, City, State, Zip Code)	CONTACT PHONE
EMAIL ADDRESS	
TROUPE DIRECTOR'S NAME	
TROUPE DIRECTOR'S EMAIL ADDRESS	

2. In paragraph form, discuss your involvement in your Thespian troupe.

3. In paragraph form, explain why you would like to be a State Thespian Officer.

Signatures

The following signatures reflect that each person signing agrees to the guidelines established for candidates and officers of Alabama Thespians. Any deviation will result in appropriate, disciplinary action.

Candidate's Signature

Date

Troupe Director's Signature

Date

Parent or Guardian's Signature

Date