**NAME:**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **PRONOUNS:**     \_\_\_\_\_\_\_\_

**PHONE**:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL**:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNION AFFLIATION, IF ANY**:

**Check all projects for which you are available and list any roles you would like to be considered for:**

 **Rehearsal Window Perf. Dates Roles:**

**☐TOMORROW GAME** (reading) May 2 - May 9 May 10 & 11

**☐FOR THE PEOPLE** (reading) May 12 - May 23 May 24 & 25

**☐THOSE HOLLOW…** (reading) June 1 - June 13 June 14 & 15

**☐SLEEP/WAKE** (reading)June 16 - June 27 June 28 & 29

**☐DAISY VIOLET…** (reading) July 1 - July 11 July 12 & 13

**☐FROZEN FLUID** (reading) July 14 - July 25 July 26 & 27

**☐FOUNDERS KEEPERS** (mainstage)Aug 1 - Sept 15 Sept 16-Oct 9

**KNOWN CONFLICTS DURING REHEARSAL AND SHOW DATES**:

I CAN BEGIN REHEARSALS ON **WEEKDAYS** AT:

I CAN BEGIN REHEARSALS ON **WEEKENDS** AT:

**I AGREE** TO ABIDE BY RECOMMENDATIONS FROM ECHO’S COVID SAFETY COMPLIANCE OFFICER INCLUDING BUT NOT LIMITED TO: Wearing Masks for in-person rehearsals, taking a COVID rapid result nasal swab test prior to live performances and other recommendations as the CDC advises.

SIGNED: DATE: