

GILBERT THEATRE ENSEMBLE

Membership Form 2017-2018

This form and the yearly \$5 dues must be turned in to Dr. Hines by August 31st.



Member Name: _____

Graduating Year: _____

Birthday: _____

Cell Phone: _____

E-mail: _____

SCHEDULE: Course/Teacher/Room#

A: _____

1st: _____

2nd: _____

3rd: _____

4th: _____

5th: _____

6th: _____

7th: _____

8th: _____

Parent Name: _____

Parent Phone: _____

Parent E-mail: _____

2017-2018

Gilbert Public Schools

Parental Permission for Student Club Membership

I _____ permit _____

(Name of Parent/Guardian)

(Name of Student)

_____ to join _____ for the

(Student Number)

(Name of Club)

_____ school year.

Parent Signature: _____ Date: _____

Photo Release

I _____ give _____ to

(Name of Parent/Guardian)

(Name of Club)

upload photos of _____ to the GTE website and/or social media

(Name of Student)

Parent Signature: _____ Date: _____

CTE T-Shirt Order Form 2017-2018

Orders due to Dr. Hines by August 31st

NAME: _____

Circle one:

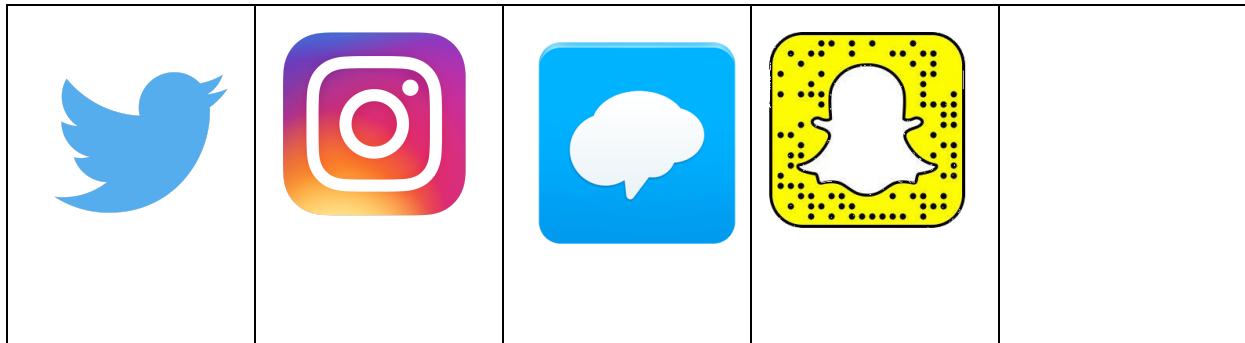
T-Shirt Size: S / M / L / XL

\$15 Paid: Cash / Check
(Checks payable to
Gilbert Theatre Ensemble)



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Social Media Pages



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Instagram: @GTEUpdates

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Facebook: Gilbert Theatre Ensemble Snapchat: SnapGTE

