

# **Drama Off-Campus/Outside Activity Form**

Name: \_\_\_\_\_ DATE \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Check all that apply to the Activity:

Theatre       Film       Commercial       Teaching

Paying       Non-Paying       Equity       Non-Equity

Audition

Please List Production Company and Director of Project:

\_\_\_\_\_  
Describe the Nature of the Activity and Performance Dates:

What classes will you miss and how many:

DRAM \_\_\_\_\_ Days

DRAM \_\_\_\_\_ Days

DRAM \_\_\_\_\_ Days

DRAM \_\_\_\_\_ Days

DRAM \_\_\_\_\_ Days

Which Casting/Crew Assignment will conflict, please list dates:

\_\_\_\_\_  
\_\_\_\_\_

**Area Head Signature:**

\_\_\_\_\_