

# Springfield Theatre Centre

## Board of Directors Information Form

Print this application and mail it to  
Springfield Theatre Centre, 420 S. Sixth Street, Springfield, Illinois 62701

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Information (please circle preferred contact):

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Education:

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

Theater Experience:

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

Current Employment:

Employer's Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Job Title: \_\_\_\_\_

Summary of duties:

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

Date Elected to STC Board \_\_\_\_\_

# **Springfield Theatre Centre**

## **Board of Directors Information Form**

**Please indicate what committee(s) you would be interested in serving on.**

Nominating

Finance/Budget

Grant Writing

Play Reading

Props

Makeup/hair

Programs

Costumes

Advertising/Communications

Corporate Sponsors

Building Maintenance