

Black Hills Community Theatre Technical Internship Application

Character References

Please list at least 3 people who are not family to be contacted for reference.

Name	Relation	Phone Number/Email

By submitting this form you agree that all information provided is true and accurate to the best of your knowledge. You also agree that if accepted to the internship program to follow all health and safety guidelines set forth by BHCT and its staff. You understand that falsifying information or breaking said guidelines will result in your immediate dismissal from the program and BHCT events.

Signature

Contact Info

Phone	Email

INTERNAL USE

Date Received

References Checked

NOTES:

Interview scheduled:

Interview Notes:

Application Approval by: