

STAGE MANAGEMENT APPRENTICE FORM

RESET FORM

This Registration Form must be signed by Engager and Artist prior to the beginning of engagement.

Engager:

Artist:

Production(s):

Venue:

☐ I am a Canadian citizen or Canadian Permanent Resident. Company Category (if applicable):

Span of engagement: to Opening date:

Apprentice registration fee: Payment of \$75.00 for each Stage Management Apprentice credit must accompany this Registration Form in order for a credit to be registered with Equity.

Enclosed is payment in the amount of for productions.

Statement of Apprentice credits:

I hereby state that I am a Stage Management Apprentice in my:

- ☐ First production
- ☐ Second production
- ☐ Third production
- ☐ Fourth production
- ☐ Fifth production
- ☐ Sixth production
- ☐ Seventh production
- ☐ Eighth production
- ☐ Ninth production
- ☐ Tenth production

1. **Artist statement of intent:** I hereby state that I am a person of at least sixteen (16) years of age, not currently registered in an accredited university, college, or conservatory theatre program, and intend to make a career as a Stage Manager in professional theatre.
2. **Artist statement of membership:** I hereby state that I am not and never have been a member of Canadian Actors' Equity Association (Equity) or any other professional performing arts association or union (including ACTRA and Union des artistes (UDA)).
3. **Artist privacy:** Equity and the Engager recognize the right of privacy of individuals with respect to their personal information. The Artist understands that the information contained in this Registration Form is collected for the purposes of the administration of the engagement; the administration of insurance and other such benefit programs offered by Equity; the calculation of filing fees and levies, and that such information will not be used for any other purpose. In signing this Registration Form, the Artist is agreeing to the information being collected, used, and disclosed to those persons/organizations that need such information in order to achieve the above purposes.

The Engager and Artist acknowledge that they have read and understood these terms.

(Authorized signature for Engager, which must sign first)

Date:

Print name:

Address:

Phone:

Fax:

Email:

(Artist signature)

Date:

Print name:

Address:

Phone:

Fax:

Email:

Social Insurance Number:

Business (HST) Number:

- MUST BE COMPLETED IN TRIPLICATE:
1. Retained by Artist
2. Forwarded to Equity by Engager
3. Retained by Engager