



Board of Directors Application

Contact Information

Full Name: _____

Street Address: _____

CTY/State/Zip: _____

Phone: _____

Email Address: _____

Serving on the Cheyenne Little Theatre Board of Directors is a three year commitment which requires your attendance at

- Our monthly Board Meetings – held the last Tuesday of the month from 5:30 to 7:00
- Committee and other special meetings – these are arranged by the head of committee
- Purchase a Season Membership

Why are you interested in joining Cheyenne Little Theatre Board?:

What skills, qualifications and education do you have that will make you effective on our Board?:

Please list 2 personal references:

Full name: _____

Street Address: _____

CTY/State/Zip: _____

Phone: _____

Email address: _____

Full name: _____

Street Address: _____

CTY/State/Zip: _____

Phone: _____

Email address: _____

Printed Name: _____

Signature: _____

Date: _____