



Stage Technicians & Artists Guild for Education

Technician/Artist Payment Request Form

When your show closes please complete and return form to: info@theSTAGETeam.org

Technician/Artist information

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Have you submitted a W9? YES NO

Production information

School _____ City _____ State _____

Play or Musical Name _____

Your Position _____

Your Time Commitment: Full rehearsal period (8 to 10 weeks) or tech only (1 to 4 weeks) _____

Your Start Date _____ Your Completion Date _____

Name of Director _____

Director's Signature _____

Information for Sponsor

Your Corporate Sponsor Name _____

Number of Students Involved in Production _____

Total Audience Count _____

In what ways was your sponsor recognized _____

Comments

