

How do you feel your participation in this opportunity will benefit the local theatre community?

Make Check Payable To: _____

***If check is to be made to applicant, proof of prior payment for the program must be provided.**

Signature: _____ Date: _____

Submit the completed form by mail or email to:

US Mail:

Theatre Arts Guild
ATTN: Theatre Arts Grant Chair
P.O. Box 24008
Omaha, NE 68124

Email:

information@theatreartsguild.com
Subject Line: Theatre Arts Grant

TAG use only

Date Received and by: _____ Presented to Board on: _____