



## 2017 TTA SECONDARY SCHOOL THEATRE FESTIVAL APPLICATION FORM

High School: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone (office) \_\_\_\_\_ Telephone (other) \_\_\_\_\_  
E-Mail \_\_\_\_\_

### TTA ORGANIZATIONAL MEMBERSHIP & FESTIVAL PARTICIPATION: \$135.00

Includes membership and full conference participation for contact name listed above only.  
Festival participation fees and full conference attendance *for the first 10 members* of cast/crew (does not include TTA membership).

**List names of ALL cast and crew:** Please include role, this will be used for the program.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

Chaperone: \_\_\_\_\_

**Additional Cast/Crew Members \$25 each x Quantity \_\_\_\_\_ = \$ \_\_\_\_\_**

Note: TTA allows one free chaperone registration per 10 students. Please designate on the list of names if the person is a chaperone. The Festival fee includes full conference attendance.

- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

Chaperone: \_\_\_\_\_

***\*If you have more than 20 participants please add an additional form to entry.***



**Performance Time Preference is given on a first come, first served basis.**  
Limited to 18 schools.

**Preferred Performance Date:**

\_\_\_\_\_ Thursday, October 26 \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening  
\_\_\_\_\_ Friday, October 27: \_\_\_\_\_ Morning, \_\_\_\_\_ Afternoon, \_\_\_\_\_ Evening

Date Submitted: \_\_\_\_\_ Office Use ONLY: Date Received: \_\_\_\_\_

**Optional Convention Fees**

Business Luncheon.....# \_\_\_\_\_ @ \$17 each  
Saturday Awards Dinner.....# \_\_\_\_\_ @ \$23each

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Subtotal of Optional Fees= \$ \_\_\_\_\_  
Subtotal of Organizational and Membership Fees = \$ \_\_\_\_\_  
Subtotal of Additional Cast/Crew Member Fees = \$ \_\_\_\_\_

**TOTAL FESTIVAL FEES= \$ \_\_\_\_\_**

Registration Deadline September 26, 2016.  
*Payment must be confirmed by October 3, 2016.*

Please make checks payable to THE TENNESSEE THEATRE ASSOCIATION

**Send payment and all forms to Festival Chair:**

Katharine Ray  
419 Wildcat Way  
Lebanon, TN 37090  
rayke@wcschools.com

*\*Pick up your conference packet/badges at registration desk on site.*



TENNESSEE THEATRE ASSOCIATION  
SECONDARY SCHOOL ONE-ACT FESTIVAL  
Production Information

High School \_\_\_\_\_

Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Telephone (other) \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Production Name \_\_\_\_\_

Playwright/Author Name(s) \_\_\_\_\_

Director \_\_\_\_\_

Estimated Run Time \_\_\_\_\_ **Festival Time Limit 45 minutes**

Dressing Room Requirements Male \_\_\_\_\_ Female \_\_\_\_\_

Will you require a light / sound operator, or will you have your own? \_\_\_\_\_

Please list any sound equipment you might need, CD disk(s), computer or ipod connection: \_\_\_\_\_

List special stage or technical effects **you** will be setting up, such as projectors or other items that may have special needs.

\_\_\_\_\_

\_\_\_\_\_

*\*Any equipment not approved by the festival stage manager prior to your arrival may be prohibited from use in the theatre i.e. fog or haze etc.*



TENNESSEE THEATRE ASSOCIATION
SECONDARY SCHOOL ONE-ACT FESTIVAL
Performance Release Document

Title of Show: \_\_\_\_\_

Playwright/Author: \_\_\_\_\_

Publishing Company: \_\_\_\_\_

Public Domain: Yes No

If No, Please attach your Performance Rights Release to your registration materials before mailing. Your registration application will not be complete without your release form from the publisher.

\*For OFFICE USE only: Rights secured: Yes No

FOR OFFICE USE ONLY
REGISTRATION VERIFICATION:

Registration application: Date Received: \_\_\_\_\_

Production information:

Cast/Crew List: Date Received: \_\_\_\_\_

Production Special Needs: Yes/No Date Received: \_\_\_\_\_

Details: \_\_\_\_\_

Festival Approved: Yes/No

Production Rights Secured: Date Received: \_\_\_\_\_

Festival Fees Paid: On site Check Credit Card Cash

Payment Date Received/Arrangements Made: \_\_\_\_\_

Notes: