

Drama Festival

DATE: _____

Adjudicator: _____

1. Name of Group _____
2. Hon. Secretary (or other Contact): _____
 - a) Name: _____
 - b) Address: _____
 - c) Telephone No: _____ Email: _____
3.
 - a) Title of Play: _____
 - b) Author: _____
 - c) Playing Time (excluding intervals): _____
4. Date(s) most suitable for performance
 - 1) _____
 - 2) _____
5. Any date you definitely CAN'T play? _____
6. Has your group received professional assistance of any kind with this production Yes ___ No ___
If YES, explain fully on separate page
- 7 Total number of people to be catered for – cast plus crew _____

On behalf of _____ I, hereby apply for the acceptance of the above-named Play as an Entry in **OPEN/CONFINED** (delete as appropriate) section, in accordance with the rules of A.D.C.I.

Date: _____

Signed: _____

Please return this form NOT LATER THAN:

Accompanied by:

1. Printed copy of *Play (Not photocopy)
2. Cast List, etc., for programme*
3. Group insurance details will be required*
4. Author's permission / license to perform*
5. Group Safety statement
6. Child Protection Policy (Where children or minors are part of cast or production team.

*These MUST be forwarded with Entry Form:

Hon. Festival Secretary:

Name:

Address:

Telephone: _____ Email: _____

For official Use Only	
Date (1)	Date (2)
Original Script	Author's Permission
Group Insurance	Child Protection Policy

Drama Festival

DATE: _____

Adjudicator: _____

DETAILS FOR PROGRAMME – Block Letters Please

Name of Group _____

Name of Play _____

Name of Author _____

CAST

	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	
	Played by	

Producer/Director _____

Other backstage people for whom programme credit is desired (i.e. stage director, designer, etc.)

Please detail:

Setting: _____ Period: _____

Brief history of Group:

Synopsis of Play: (100 Words)
