



REGIONAL ONE ACT FESTIVAL Registration Form (Page 1 of 4)

(please print clearly)

GROUPNAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

CONTACT NAME _____ PHONE# _____ FAX# _____

PLAY TITLE _____ AUTHOR _____

TYPE OF PLAY _____ APPROX. RUNNING TIME _____

SPECIAL TECHNICAL REQUIREMENTS _____

IT IS UNDERSTOOD THAT THIS PRODUCTION WILL ABIDE BY THE RULES OF THE ALBERTA DRAMA FESTIVAL ASSOCIATION. PLEASE NOTE THE FOLLOWING MUST ACCOMPANY THIS REGISTRATION.

1. a clean published copy of the script.
2. A copy of the receipt of royalty payment.
3. Written approval of changes/revisions to the script(s), if applicable.
4. A complete list of the participants from your group during the festival.
5. Regional Festival Entry Fee: \$ _____

ADFA Group Membership Fee \$ _____

TOTAL FEES: \$ _____

PLEASE MAKE CHEQUES PAYABLE TO: _____

DEADLINE FOR REGISTRATION: _____

MY SIGNATURE INDICATES THAT I HAVE READ AND ACCEPTED ALL ABOVE STATED GUIDELINES BY THE ALBERTA DRAMA FESTIVAL ASSOCIATION.

Signature of Registrant _____ Date _____

PRIVACY STATEMENT

When acquiring an Alberta Drama Festival Association (ADFA) membership, the personal information you provide assists us in our efforts to inform you of programs that may be of interest to you as well as providing statistical information for grant applications. We do not share information with organizations outside of our ADFA membership that could use it to contact you for their own purposes. We do not sell or otherwise market personal information. By accepting a membership with ADFA, we assume your consent for our organization to use your personal information in an appropriate manner and are committed to this end.

You may at any time withdraw your consent (subject to legal or contractual obligation and on providing reasonable notice) by contacting our Privacy Officer, Steve McHugh at smchugh@telus.net. It is understood, however, that by withdrawing your consent, it may prevent ADFA from providing you with the requested service. For more information, please visit our website at www.adfa.ca



REGIONAL ONE ACT FESTIVAL
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GROUP PARTICIPATION LIST
(please print clearly)

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ FAX _____

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ FAX _____

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ FAX _____

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ FAX _____

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ FAX _____

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____ FAX _____

(IF NECESSARY, PHOTOCOPY THIS PAGE FOR ADDITIONAL NAMES)



REGIONAL ONE ACT FESTIVAL

Registration Form (Page 3 of 4)

PROGRAM INFORMATION

(please print clearly)

GROUPNAME _____

LOCATION OF GROUP (IF NOT IN GROUPNAME) _____

PLAY TITLE _____ AUTHOR _____

PUBLISHER _____

PLAY SYNOPSIS _____

CAST:

Character Name

Actors Name
