



**The Old Courthouse Cultural Centre**  
 7 Seymour Street West Kamloops, BC V2C 1E4  
 Tel: (778) 471-5620 Toll: 1-888-202-2913 Fax: (778) 471-5639  
 Web: [www.theatrebc.org](http://www.theatrebc.org) Email: [info@theatrebc.org](mailto:info@theatrebc.org)

## ZONE FESTIVAL ENTRY FORM

**Member Club:** \_\_\_\_\_ **Zone Affiliation:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** (h) \_\_\_\_\_ (w) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Title of Play:\*** \_\_\_\_\_ **Format:**  One Act  Full-Length

\*  Please indicate if this is an original script

**Playwright:** \_\_\_\_\_ **Publisher :** \_\_\_\_\_

**Publisher's Permission Arranged:**  Yes  In progress **Supporting Documents Attached:**  Yes  No

**Type of Play:** \_\_\_\_\_ **Running Time:** \_\_\_\_\_ **Intermission(s):**  Yes  No

**Additional Information (For Program and Publicity)**

**Setting of Play (Place and Time):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Brief Synopsis** (*For Advance Publicity Only. Please Supply Photographs if Available*):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Number and Length of Intermissions:** \_\_\_\_\_

**Special Notes** (eg. Language, Strobes, Adult Themes, Warnings, etc.): \_\_\_\_\_

**PLEASE PROVIDE A BRIEF BIOGRAPHY OF YOUR CLUB** (*use separate sheet if necessary*)  
 (eg. Year Formed, Total Membership, Productions per Season, Past Festival Awards, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Two (2) published and clean copies of the script must be submitted before the festival to the Zone Festival Chair for the Adjudicator and Tech. Director's use. After the Festival, they are to be sent to the Theatre BC Office.





**ALL participants**, specifically the **CAST & DESIGN, PRODUCTION, TECHNICAL** and **RUNNING CREW**, must be members of the Member Club with whom they are participating **and Individual or Youth Members of Theatre BC** by March 31st or 30 days prior to their respective Zone Festivals.

This registration concerns **ALL work in this Zone Festival production that will be adjudicated with individual and overall achievement recognized.** It is **NOT** restricted to simply those who attend the Zone Festival. **Entries will not be considered confirmed until all participants are confirmed to hold current membership - in good standing – with Theatre BC.**

**CAST:** (In Order of Appearance)

**CHARACTER:**

**PORTRAYED BY:**

For Office Use Only  
Club Card # &  
Expiry

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

(Attach Additional Page If Required)

**CREW:** (List Everyone You Wish to Appear in the Festival Program)

**POSITION:**

**NAME:**

For Office Use Only  
Club Card # &  
Expiry

Producer:

Director:

Musical Director:

Set Designer:

Costume Designer:

Lighting Designer:

Sound Designer:

Hair / Makeup:

Stage Manager:

Assistant Stage Manager:

Choreographer

Fight Choreographer:

Props Master:

*Continued on next page.../*



