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| EMACT_Fest09_Sm_Logo_BW | Entry Application Form ~ 2017 Mini-Mini-FestivalEastern Massachusetts Association of Community TheatresCary Memorial Hall, 1605 Massachusetts Ave, Lexington, MA 02420 |

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|  *(Internal Use Only)*  |  | Date Scripts Received: |       |
| Date Received: |       | Application Complete: | [ ]  |
| Date Accepted:  |       | Application Incomplete: | [ ]  |

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| ***Mini-Festival*** ***Date & Time:*** | **Saturday October 7, 2017. 8am to 5pm** (Individual performance dates will be announced pending final list of participating groups) |
| ***Instructions:*** | 1. Save this form with filename EF17xxxx.doc, where xxxx is your theater company name, with file type Word Document (.doc or .docx).
2. Complete the entire form; saving, closing, and reopening as needed.
3. **Check spelling of names**,as the information herein will be printed “as is” in the Program.
4. PLEASE TYPE ALL INFORMATION INTO THE FORM. Fields will expand as needed.
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| ***Mini-Festival*** ***Entry Fee:***  | **$25.00.** Make check payable to “EMACT”. **Note on check: Company name and show name.** Add $50 EMACT 2017-2018 Membership Fee, if not already paid. See section 12 below.  |
| ***Submission:*** | You must submit on paper ***OR*** via email. 1. Print the form, sign the paper copy in section 11B, and send it with the check to: Monica Bruno, 36 Browns Ave, Lynn, MA 01905

***OR*** 1. Attach the file to an email message and send it to: m.monicabruno@comcast.net

Scripts and the check may be sent without a paper application as long as the application has been submitted electronically. Scripts and payment MUST be received by the entry deadline. |
| ***Entry Deadline:*** | Paper form postmarked no later than midnight **August 31, 2017**  |

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| **1. Theater Company** |
| Full Name of Organization:  |       |
| Street Address or PO Box:  |       |
| City, State, Zip Code: |       |
| **2. Production** |
| Name of Play or Musical: |       |
| Playwright(s), Contributor(s):  |       |
| Royalty Agent:  |       |
| Play/Musical Synopsis:  |       |
| **3. Mini-Festival Mentor** | Would your company like the assistance of an experienced Mini-Festival Mentor? [ ]  Yes [ ]  No |
| **4. Script Features** | [ ]  One Act  | [ ]  Cutting of a full length Piece  |
| [ ]  Original | [ ]  Scene(s) from a full length Piece |
| [ ]  Musical | [ ]  One Act from a full length Piece |
| **5. Program Notes** | Warnings or disclaimers for the printed program that address community standards, e.g., strobe light, gun shot, or potentially offensive material: |
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| **6. Production Participants** | Provide all names\*\* as appropriate, for use in the Mini-Festival Program! \*\**EMACT’s conflict of interest regulations prohibit a Mini-Festival stage manager, adjudicator, adjudicator liaison, mentor, or staff of the theater facility from participating in a Mini-Festival production as a company stage manager, director, or cast member.* |
| ***Production Staff:*** |
| Producer:  |       | Director:  |       |
| Stage Manager:  |       | Tech Director:  |       |
| Sound Designer:  |       | Makeup Designer:  |       |
| Other:  |       | Other:  |       |

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| ***Production Performers:*** |
| Character:  |       | Performer:  |       |
| Character:  |       | Performer:  |       |
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| Character:  |       | Performer:  |       |

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| **7. Primary Mini-Festival Contact** *(for all Mini-Festival correspondence and technically related question and matters.)* |
| Name:  |       |
| Full Mailing Address:  |       |
| City, State, Zip: |       |
| *Phone Numbers (with area codes)* | Day:  |       |
| Evening:  |       |
| Cell: |       |
| Email:  |       |

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| **8. Group History** *(to be included in the Mini-Festival Program. Include years in operation, approximate membership, number of yearly productions, performance space, etc. Field will expand as needed.):* |
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| **9. Your Company’s Local Newspapers:**  |
|       |

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| **10. Past and Upcoming Seasons** (List plays and musicals chronologically by order of performance within a season. Information will be included in the Mini-Festival Program per space available.): |
| **The 2016-2017 Season:** |
| Title: |       | Playwright: |       |
| Title: |       | Playwright: |       |
| Title: |       | Playwright: |       |
| Title: |       | Playwright: |       |
| **The 2017-2018 Season:** |
| Title: |       | Playwright: |       |
| Title: |       | Playwright: |       |
| Title: |       | Playwright: |       |
| Title: |       | Playwright: |       |

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| **11A. Authorizations:** As company president, chairperson, head of this organization, I attest that: |
| [ ]  | The company has been organized for at least one full year prior to the date of this Mini-Festival. |
| [ ]  | The company is governed by a Board from the Community. *(Must consist of at least three elected or appointed officers and have published bylaws or articles of incorporation. Proof is required if not previously provided.)* |
| [ ]  | The agent and/or author’s permission for performance, as it will be performed in this Mini-Festival, has been obtained and is enclosed with this application. *(Permission to perform a cutting of a script is required.)* |
| [ ]  | All members concerned with this entry have been informed of the EMACT Mini-Festival Rules for this competition and agree to abide by all decisions of the Mini-Festival Adjudicator and Mini-Festival Committee. |
|  [ ]  | All information is valid, correct, and may be published in the Mini-Festival Program. |
| [ ]  | Please mail three original scripts *with cuts* to: **Monica Bruno, 36 Browns Ave, Lynn, MA 01905**. (Note: In the case of original scripts, please mail letter of approval from the playwright.). |
| [ ]  | The group/company is a current 2017-2018 season member of EMACT, or makes provision below. |

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| **11B. Signed Declaration by an Official Representative of the Company:** *an electronic signature will be considered binding and certifies all information contained in this application to be true.* |
| Name:  |       |
| Company Title:  |       |
| Full Mailing Address: |       |
| City, State, Zip: |       |
| *Phone Numbers (with area codes)* | Day:  |       |
| Evening:  |       |
| Cell: |       |
| Email:  |       |
| Official Signature: |       |

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| **12. Applicable Mini-Festival Fees** (Please make checks payable to EMACT) |
| A. | 2017-2018 EMACT Basic Group Membership | $50 | [ ]  | Paid earlier in the season: | [ ]  | Enclosed $ |       |
| B. | Mini-Festival Entry Fee | $25 | [ ]  |  |  |  |       |
|  |  |  |  |  |  | Total $ |       |