

VIRGINIA THESPIANS

One-Act Form

School Name _____ Troupe # _____

Address _____

Sponsor _____ e-Mail _____

Phone Numbers: Home _____ School _____

Fax _____

Title of Play _____

Author _____

Publisher _____

PLEASE CHECK THE PERFORMANCE SLOT(S) YOU WOULD PREFER

Friday PM

Saturday AM

Saturday PM

Sunday AM

I HEREBY CERTIFY THAT ALL APPLICABLE ROYALTIES HAVE BEEN, OR WILL BE, PAID TO THE APPROPRIATE PUBLISHER PRIOR TO THE PERFORMANCE DATE. Sponsor's Electronic Signature

Check if applicable. We would like to be considered for International One-Act Play Marathon.

Application Deadline – **December 5, 2009**