Pre-Show Information Form*

SEARS ONTARIO DRAMA FESTIVAL
FESTIVAL DE THÉÂTRE SEARS DE L'ONTARIO

Return this form by e- mail or fax by FEBRUARY 4
to Sue Daniel, Toronto Region Co-ordinator:
e- mail: susan.daniel@sympatico.ca
fax: 416-850-5841 questions: 905-764-8643

*** VERY IMPORTANT: If this form and your script (mail ed directly to your adjudicator) are not received by FRIDAY, FEBRUARY 4 , we will assume you have withdrawn from the festival for this year!**

School:_____ Toronto District # _____

Staff Advisor: _____School Phone:_____

Host School: _____Performance Date: _____

Performance Information:

Title of Play _____

Approximate running time_____ Genre_____

Brief Plot Synopsis_____

_____

_____

Playwright: ____ original, student (s) ____original, teacher ____ collective, teacher + students

____ other (ex: former student or teacher, friend/relative) ____ **published***

*** This is a published script and we have been granted performance rights and paid royalties to :**

Publishing Company _____

Contact person _____

Music being used, if from any NON ORIGINAL source_____

_____

*** We have received permission from the rights holder to use this music and paid any royalties requested:**

Company _____

Note : If the playwright / music used is by ANYONE EXCEPT a current teacher or student (s) at your school, acknowledgement of performance rights MUST be on your program!

PROGRAM SAMPLE: Please create your show's program copy according to the sheet you were given at the fall meeting--there are two versions, short and long; you may choose to use a distinctive font for the Title although there is no guarantee that the host school will be able to use that exact font in the final program. Contact your host school for information about the best method of communicating the program information; if you can't find the program template, e- mail Sue for another copy. COPY NOT INCLUDING ROYALTIES AND RIGHTS INFO WILL BE RETURNED TO STAFF ADVISOR BY HOST SCHOOL TO BE CORRECTED BEFORE BEING ACCEPTED AND PRINTED!