



ADFA Regional Registration Form

Group Name _____

Address _____

Postal Code _____

Contact Name _____ Phone # _____

Email Address _____

Title of Play _____ 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: < check with your zone rep for this information>

ADFA Group Membership Fee: \$ 25.00

Total Fees \$ _____

Make cheques payable to < check with your zone rep for this information>

Deadline for registration: <check with your zone rep for this information>

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, Dawn Marshall dawn.marshall@adfa.ca. 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 <http://adfa.ca>

Participant List

Participant Name _____

Address _____

_____ Postal Code _____

Email Address _____

Participant Name _____

Address _____

_____ Postal Code _____

Email Address _____

Participant Name _____

Address _____

_____ Postal Code _____

Email Address _____

Participant Name _____

Address _____

_____ Postal Code _____

Email Address _____

Participant Name _____

Address _____

_____ Postal Code _____

Email Address _____

Please Photocopy this page if more space is required

PROGRAM INFORMATION

Group Name _____

Location of Group (if not in the group name): _____

Title of Play _____ Author _____

Is this a new work? (circle one) Yes No *A new work is a piece that has never been published or previously produced.*

Publisher _____

Play Synopsis

CAST:

Character Name

Actor's Name

DIRECTOR: _____

CREW:

Position

Name

Audience Warnings/ Special Alerts:

Other Program Information:

