

# REGISTRATION FORM

**CHARGE IT!** ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

NAME ON CARD:

ACCOUNT CARD NUMBER

EXPIRATION DATE

SIGNATURE

**REGION:** \_\_\_\_\_

**PAYMENT ENCLOSED:** \_\_\_\_\_

NAME OF COLLEGE OF UNIVERSITY

ADDRESS

CITY

STATE

ZIP

HEAD OF THEATER DEPARTMENT

PRESIDENT/PROVOST OF COLLEGE OF UNIVERSITY

ENTRY IS A(N) ☐ **PARTICIPATING ENTRY (\$250)** ☐ **ASSOCIATE ENTRY (\$200)**

TITLE OF PLAY

NEW PLAY? ☐ YES ☐ NO

STUDENT-WRITTEN? ☐ YES ☐ NO

AUTHOR(S)

DIRECTOR

DIRECTOR'S PHONE (OFFICE) (HOME)

DIRECTOR'S EMAIL

DIRECTOR'S FAX

CONTACT PERSON (IN ADDITION TO DIRECTOR) (PHONE)

CONTACT PERSON EMAIL (OTHER PHONE/HOME OR CELL)

FOR PARTICIPATING PRODUCTION, PLEASE LIST:

TECHNICAL DIRECTOR (PHONE) (EMAIL)

IS PRODUCTION STUDENT-DIRECTED? ☐ YES ☐ NO

COMPANY SIZE: \_\_\_\_\_ PRODUCTION LOCATION: \_\_\_\_\_

PERFORMANCE DATES: \_\_\_\_\_ 2002/2003

CURTAIN TIMES: \_\_\_\_\_

**This production has design elements by students that should be considered for the Barbizon Awards for Theatrical Design Excellence or the Mehron Make-up Designory Scholarship (Students Only):**

☐ Costume— name of student design nominee \_\_\_\_\_ email \_\_\_\_\_

☐ Scenic— name of student design nominee \_\_\_\_\_ email \_\_\_\_\_

☐ Lighting— name of student design nominee \_\_\_\_\_ email \_\_\_\_\_

☐ Make-up— name of student design nominee \_\_\_\_\_ email \_\_\_\_\_

☐ Sound— name of student design nominee \_\_\_\_\_ email \_\_\_\_\_

**KC Federal ID  
53-0245017**

Registration fee for each Participating production is \$250. Registration fee for each Associate production is \$200. Make checks payable to Kennedy Center American College Theater Festival or KCACTF. Complete both sides of this form and mail with check, approval letter and certificate of insurance to:

Managing Director,  
The Kennedy Center,  
KCACTF, PO Box 10808,  
Arlington, VA 22210.

Photo copy the completed form and mail a copy to your KCACTF Regional Chair (addresses on pages 17-20). If the entry is a new play and/or is to be considered for any of the KCACTF Michael Kanin Playwriting Awards, mail a copy of the completed registration form to your playwriting awards chair (in addition to the copy sent to your regional chair).

**During the week in which each region holds its regional festival, there will be no on-site response in that region.**

**NOTE: IF ENTERING MORE THAN ONE PLAY, PLEASE COPY THIS FORM AS NEEDED.**