Please read the enclosed information and save a copy for future reference.

Complete and return (via mail) this Acceptance Form to the ITF office by May 1, 2020.

International Thespian Festival LLC
affiliated with
The International Thespian Society
4805 Montgomery Rd., Suite 400
Cincinnati, Ohio 45212
IU STUDIO THEATRE
FREESTYLE THEATRE PERFORMANCE ACCEPTANCE FORM

Please type or print legibly

IMPORTANT: Prior to mailing this completed form to the International Thespian Festival office, make a copy for your own records and information. Deadline date for receipt: May 1, 2020.

1. Troupe No.: ____________________________ School: _______________________________________

2. Troupe Director: ____________________________
   School Principal: _______________________________________

3. School correspondence address:
   Name: __________________________________________
   Street: __________________________________________
   City: ____________________________________________
   State: __________________________________________
   Zip: ____________________________________________
   Phone: __________________________________________
   Fax: ____________________________________________

4. Troupe Director home address:
   Name: __________________________________________
   Street: __________________________________________
   City: ____________________________________________
   State: __________________________________________
   Zip: ____________________________________________
   Mobile Phone: ____________________________________
   Email: __________________________________________

5. Title of presentation: ________________________________________________________________

6. Author’s full name: _______________________________________________________________

7. Play publisher: ___________________________________________________________________

8. Play Director: ____________________________ Email: ________________________________

9. Cast size: ________________________________
10. Exact playing time of presentation (minimum 10 minutes, maximum 30 minutes, including curtain call): ___________

11. Please use the space below to provide a brief (maximum 30 words) synopsis or overview of your play/presentation for the ITF souvenir program book. Please indicate the presentation’s genre (comedy, drama, mime, etc.). If left blank, no description will appear: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

12. Does the performance include strong language and/or mature content? YES NO

13. Does the performance have any sound effects? YES NO
   If yes, please explain: ________________________________________________________
   Please note: Sound effects should be kept to an absolute minimum. Minimal sound effects can be played through the venue sound system via CD, audio file, or an MP3 player’s headphone jack.

14. Does the performance have any lighting effects? YES NO
   If yes, please explain: ________________________________________________________
   Please note: Lighting effects should be kept to an absolute minimum. You are required to utilize the venue’s rep lighting plot. There are no specials or follow-spots available.

15. Does the performance include a gunshot or other loud noise? YES NO
   If yes, please note in your program if a gunshot or other loud noise is used in your performance. A lobby notice and a preshow announcement are required and should be coordinated with the ITF venue staff.

16. Please indicate how many, if any, venue-provided props you need to use for your performance. Please do not exceed the number of items listed.
   _____Sofa (1)  _____Stools (4)
   _____Upholstered Armchair (1)  _____Stacking Chairs (4)
   _____Desk (1)  _____Cubes (2)
   _____Desk Chair (1)  _____Music Stands (4)
   _____Table (1)

   Please note: No platforms or step units will be provided. Any items not listed must be provided by the performing school and must be stored in delegates’ rooms during ITF week. No pyro effects, no sets, scenery, or flats. All hand props, makeup, and costumes must be provided by the performing troupe. Indiana University, International Thespian Festival LLC, and the Educational Theatre Association, their employees, volunteers, and officers shall not be responsible or liable for loss or damage to any property belonging to any troupe and/or individuals assisting a troupe with their production.
17. Please sketch a brief technical plot of your production below. Indicate the approximate placement onstage of venue-provided set pieces and include any props you will be bringing with you. Indicate approximate measurements for those items you will bring. (See the facility guide for definition of props and set pieces). The playing area dimensions are 25' W x 15' D.

18. Please indicate the status of the performance rights and/or royalty:

_____ Attached to this form is the proof of performance rights or royalty waiver for presentation during ITF Week, June 22-27, 2020.

_____ The proof of performance rights or royalty waiver will follow under separate cover. (Must be received to the ITF office by May 1, 2020.)

I have read the above Acceptance Form and the IU Studio Theatre Facility and General Information documents and agree to abide by the rules contained therein. I understand that International Thespian Festival LLC, Educational Theatre Association and its programs, and Indiana University, their members, officers, directors, or employees shall not be responsible or liable for injury to any person or persons, or for loss of, or damage to, any property belonging to any troupe and/or individuals assisting a troupe with their production. I understand that replacement costs for damage to the theatre and/or theatre equipment by our troupe will be the responsibility of our troupe and/or school. I further understand that my performance time slot will not be guaranteed until I have submitted complete registration materials, fees, and royalty information to the ITF office.

Troupe Director Signature: ___________________________ Date: ___________________________

Principal Signature: ___________________________ Date: ___________________________

Please return this completed form and any addendums to:

Jim Curtis
International Thespian Festival LLC
4805 Montgomery Rd.
Suite 400
Cincinnati, Ohio 45212
Fax: 513-977-5923

FOR OFFICE USE ONLY

Date received: ___________________________
Date responded: ___________________________
Proof of royalty waiver received: ___________________________
Performance date: ___________________________
Performance day: ___________________________
Performance time: ___________________________