

# AREA ONE-ACT PLAY REGISTRATION FORM

*Use this form to register for your Area Festival and/or to request permission to perform out of area.  
Please send this form to your Area Rep. either by email or snail mail.  
**Due Date: Two Weeks before Area Festival***

School Name: \_\_\_\_\_

Type of School: (check one)      High School       Middle School       Other: \_\_\_\_\_

Theatre Teacher or Coach: \_\_\_\_\_

School's Phone #: \_\_\_\_\_      School Fax #: \_\_\_\_\_

Director's email address: \_\_\_\_\_

Area in which school is located in (circle one):    I     II     III     IV     V     VI

Please check (✓) here if you are requesting to be critiqued out of your Area: \_\_\_\_\_      Which Area do you request? \_\_\_\_\_

Please state below the reason why you wish to be critiqued out of your area:  
\_\_\_\_\_

Title of Play: \_\_\_\_\_

Playwright(s): \_\_\_\_\_      Publisher: \_\_\_\_\_

Directed by: \_\_\_\_\_      Stage Manager: \_\_\_\_\_

Sound Operator: \_\_\_\_\_      Lighting Operator: \_\_\_\_\_

Please list below any special considerations/requests you would like to Area Rep and/or Festival Host to know:

**You MUST bring at least 3 copies of your play's program to give to the Adjudicators for award purposes. Please make sure the programs have your students' names and what roles they are playing and tech jobs they perform.**

Area Festival Fees Enclosed: \$ \_\_\_\_\_ (please talk to your Area Rep and/or Host regarding Area Festival Fees)

Approval granted by:

\_\_\_\_\_  
Principal of school

\_\_\_\_\_  
Theatre Teacher or Coach

# **AREA FESTIVAL TECH EXPO REGISTRATION FORM**

*Please use this form to register your student's projects at your Area Festival or to request permission for their projects to be critiqued out of your area. This form must be sent your Area Rep. either by email or snail mail.*

***Due Date: Two Weeks before your area festival***

School Name: \_\_\_\_\_

Theatre Teacher: \_\_\_\_\_ email: \_\_\_\_\_

School's Full Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_ School Fax #: \_\_\_\_\_

Area in which school is located in (circle one):    I     II     III     IV     V     VI

Please check (✓) here if you are requesting to be critiqued out of your Area: \_\_\_\_\_ Which Area do you request? \_\_\_\_\_

Please state below the reason why you wish to be critiqued out of your area:

### ***Types of Tech Projects at the Area Festival Level***

**Costumes:**

- a. Renderings
- b. Construction

**Extraordinary Project**

**Lighting:**

- a. Novice
- b. Advanced

**Set Design**

- a. Novice
- b. Advanced

**Make-up:**

- a. Character
- b. Fantasy
- c. Special Effects

**Mask:**

- a. Novice
- b. Advanced

**Properties:**

- a. Hand Prop
- b. Stage Prop

**Puppetry:**

- a. Hand
- b. Marionette
- c. Experimental
- d. Puppet Theatre Element

**Publicity**

- a. Novice
- b. Advanced

### ***List Students bringing Tech Projects to Area Festival (use another sheet if necessary):***

Student's Name & Type of Project

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Principal of school

Student's Name & Type of Project

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Theatre Teacher

# **WV STATE STUDENT THESPIAN BOARD APPLICATION FORM**

*Use this form to apply for the State Student Board.  
Please mail or fax this form to your Area Representative.  
**Due Date of Form: Two Weeks Before Area Festival***

## **Student Agreement:**

I, \_\_\_\_\_ (please print your name) do hereby place my name in nomination for the office of the *West Virginia Student Thespian Board* and agree to support and/or work towards the mission, the goals and responsibilities of the Student Board during my tenure.

Signature: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School's Name: \_\_\_\_\_ Grade Level (check one): 9  10  11

Email Address: \_\_\_\_\_

## **Teacher Agreement:**

I approve the nomination of this student for the above office and testify that he/she is a member in good standing of the International Thespian Society, and agree to help with arrangements for the student to attend all State Board meetings.

Troupe # \_\_\_\_\_ Date Student Inducted into Thespians: \_\_\_\_\_

Troupe Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent Agreement:**

My child has my permission to run for the *WV Thespians State Student Board*. I understand that, if elected, my child must adhere to the rules and responsibilities mentioned in the *WV State Student Board Candidate Guidelines*. I understand that if they do not follow the rules, the WV Chapter Director and the WV State Thespians Student Board Liaison may bar them from serving on the State Student Board. I understand that I will have to make arrangements for the transportation of my child to and from the three State Board Meetings that are held in Fairmont, WV during the school year and that I will need to allow my child to go to the State Festival a day early to prepare for the Festival.

Parent's Signature: \_\_\_\_\_ date \_\_\_\_\_

**Please Note:** This form must be turned in paper form only and cannot be sent electronically.