



EASTERN ONTARIO DRAMA LEAGUE
One-Act Festival
November 6, 7 8, 2015 – Highlands Little Theatre, Haliburton ON

FINAL ENTRY

Please return two copies, by **Registered Mail**, by Friday, September 11, 2015 to:
 (date)

Lisa Leroux
 EODL, Festival Liaison
 221 Reynolds Drive
 Brockville, ON
 K6V 1X8
 E-mail: lisa_leroux@live.ca

**PLEASE NOTE THAT EODL GROUP
 MEMBERSHIP FEES MUST BE PAID IN
 FULL PRIOR TO SUBMISSION OF THIS
 FESTIVAL ENTRY FORM.**
**Membership forms may be found on the
 EODL website: www.eodl.org or from your
 EODL representative**

For each play, include:

1. Two copies of the Entry Form
2. One copy of the Stage Manager's Information Sheet
3. A cheque for \$50 made payable to EASTERN ONTARIO DRAMA LEAGUE
4. Three copies of the script (with cuts and/or changes indicated, as well as playwright's approval for the cuts and changes)

GROUP NAME _____

ADDRESS _____

PRODUCER –

Name: _____

Address: _____

Phone # Home : _____ Work : _____

Fax: _____ Email _____

Is this play suitable for children under 12 years of age? _____

Information Required for the Program:

GROUP WEB SITE (If available): _____

NAME OF THE PLAY _____

AUTHOR _____

SETTING OF THE PLAY Period - _____ Locale - _____

RUNNING TIME OF THE PLAY (in minutes) _____

FINAL ENTRY (continued)

CAST IN ORDER OF APPEARANCE (Use additional paper of necessary)

Character's Name

Actor's Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRODUCTION CREW:

Director	_____
Producer	_____
Stage Manager	_____
Set Designer	_____
Set Dresser	_____
Wardrobe	_____
Costume Designer	_____
Sound	_____
Lighting	_____
Properties	_____
Make-Up	_____
Prompter	_____

Assistants in the above areas (please specify which areas, and use additional paper if necessary)

FINAL ENTRY (continued)

PRODUCED BY SPECIAL ARRANGEMENT WITH:

PLEASE NOTE The above information will be used in the Festival Program.
Any **changes** must reach the Festival Chairman:

Lesley English
P.O. Box 108
West Guilford, ON
KOM 2S0

NO LATER THAN _____ Friday, October 16, 2015 _____
(date)

Information Required for Awards Purposes

Please identify any STUDENT(S) in the cast or production crew. To be considered for award recognition, a “student” is defined as a full-time student attending school, and not exceeding eighteen years of age.

Please indicate if FIRST-TIME DIRECTOR: Yes _____ No _____

Please identify if a PROFESSIONAL PERSON has been hired (in any capacity) and been paid for his/her work on this production:

It is our intention to enter a one-act play in the Eastern Ontario Drama League One-Act Play Festival, to be held November 6 – 8, 2015. We agree to abide by the Festival Rules already distributed by the Festival Chairman.

(Signature of Producer)

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