

**MINISTRY OF ARTS AND CULTURAL HERITAGE**

**NATIONAL DRAMA FESTIVAL 2020**

**ENTRY FORM**

**LANGUAGE** \_\_\_\_\_

**PART A**

1	Name of Organisation		*Beginner / Non-Beginner
	Address		Tel no..... Fax no.....
2	Title of Play		* New / Staged / Adapted
3	Name of Author		* Local / foreign
4	Name of <b>DIRECTOR</b> (in Block letters)		Tel/Mob.....
	Address of Director		ID No
	E-mail - Director		
5	Name of Set Designer (in Block letters)		Tel/Mob.....
	Address- Set Designer		ID No.
<b>(A copy of Set Design and Lighting Cues should be produced on the day of Stage rehearsal)</b>			

**Note: \* Tick as appropriate**

**PART B**

SN	Full name of ACTOR in block letters ( As per Birth Certificate ) in order of appearance on stage	Character	B/NB	D.O.B.	Age	Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Substitute (As per Rule 5)**

1.						
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**Stage Managers**

1		2.	
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**\*B/NB-** Beginner or Non-Beginner/ **D.O.B-** Date of Birth / **ID No.-**Identity number

**PART C**

(i)	No. of Artists Male: .....		
	No. of Artists Female: .....		
(ii)	Do you need Technical Assistance? *YES / NO		
(iii)	Place of Rehearsal	Days of Rehearsals	Time
(iv)	Cheque to be drawn in the name of		
	National Identity Card Number (Please attach photocopy of your NIC)		
	Your Address		
(v)	Signature of Rector.....		<u>Seal of School</u>
	Date.....		
(vi)	Signature of Director.....		Date.....

*We certify having taken full cognizance of the Rules and Regulations and declare that the above is true and correct to the best of our knowledge.*

**N.B:1**

*Photocopy of Id/ Student Bus Pass of all participants should accompany the application form.*

**THE APPLICATION FOR PARTICIPATION WILL NOT BE VALID IF THIS FORM IS INCOMPLETE.**

**N.B:2**

The completed form together with one soft or typed hard copy of the text should reach the Drama Section, Ministry of Arts & Cultural Heritage, 3<sup>rd</sup> floor, Baden Powell Court, Baden Powell Street, Port Louis on or before the last date for submission of entries.

**PART D**

**For official use only**

Received on: .....	Name of officer: .....
Signature: .....	Designation: .....

PART	REMARKS
A	
B	
C	
Play approved: Yes / No	
Script Received: Yes / No	