

New Jersey State Junior Thespian Festival



April 22, 2017

Toms River High School North, Toms River, NJ

Saturday registration begins at 8:00 a.m.

Opening Ceremony begins at 9 a.m.

Closing ceremony ends approximately 3:30 p.m.

Dear Thespian Teacher,

We cordially invite you and your middle school to be a part of the most exciting theatre celebration of the year!

We want you to be a part of this experience! This is our first ever NJ Jr. Thespian Festival! Come alone, bring a few, or bring many of your students for a truly memorable time with other talented middle schools from our state.

Theatre troupes from all over the state will be coming together to participate in workshop, socialize with other theatre students from around the state, and perform in a showcase!

NJ JR. THESPIAN FESTIVAL REGISTRATION

- Included in this packet you will find all of the sign-up sheets and forms.
- Please **email** the application materials in an attachment to: Veda Rouze @ juniorthespiansnj@gmail.com and drop the check in the mail postmarked by **March 3, 2017**
- Check must be mailed to Zach Bates, NJ Thespian Treasurer, 26 Gilbert Ave Westville, NJ 08093

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IMPORTANT INFORMATION

Food

- Lunch will be provided for students, chaperones, and additional adults.
- **No food deliveries from outside restaurants will be permitted.**

School/Troupe Pictures

- You are invited to submit pictures of your thespian students.
- Send in pictures representing your school's drama club, musical, play, or other event. A slideshow will be made with the submitted pictures.
- Please email your photos to juniorthespiansnj@gmail.com

Showcase

- Each school attending the festival is invited to bring a 10 minute (maximum) musical or performance based Showcase from their school.
- Showcase spots are limited. To ensure a slot, submit this registration packet as early as possible.
- It is optional to participate in the Showcase.

Music

- Throughout the day, we will be playing music and we would like the title of your current musical and song. See the “**Registration Form**” on **page 4** to give us your song title.

Teachers

- Professional Development Credits (PDC's)
 - Teachers can earn PDC's for bringing your students to festival.
 - 6 Credit Hours for Saturday
- We are in great need of more adult involvement.
 - We would appreciate your help as an active member of the State Board of Directors.
 - If you have a desire to help us, please complete and submit the “**NJ State Jr. Thespians Adult Board Application**” on **page 16**

Questions

- Email juniorthespiansnj@gmail.com with any questions you may have.
- If you have questions any time during the festival, members of the NJ State Board of Directors will be wearing blue shirts with the NJ Thespians logo on them.

NJ JR. THESPIAN FESTIVAL
REGISTRATION FORM

Deadline: March 3, 2017 (Please type and send electronically.)

School: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Troupe Number if member (*if not member, write N/A*): _____ School District: _____

Troupe Director's/Middle School Teacher's Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Teacher's Address: _____

City: _____ State: _____ Zip: _____

Number of Chaperones: _____

- One chaperone is required for every ten students attending the festival.
 - (*ex. 30 students requires three chaperones*).
- These chaperones attend free of charge.
 - (*A troupe director/middle school teacher is considered a chaperone.*)
- If there are any additional adults attending, each additional adult must pay a \$10 fee.

Number of Additional Adults: _____

What musical is your school performing this year? _____

- We are compiling songs from musical productions to put together a playlist to play during opening ceremony and lunch.

One Song Title from above musical: _____

REGISTRATION FEE SHEET

Deadline: March 3, 2017 (Please type and send electronically.)

	Amount Due
1. School Fee: New Jersey Thespian School Fee: \$100.00	_ \$100.00 _
2. Number of students listed on Registration Roster: _____ @ \$15.00 per student (includes 2017 NJ Thespian's lunch, insurance, and theme t-shirt) =	\$ _____
3. Number of additional adults _____ @ \$10.00 per addition (One chaperone is required for every ten students attending the festival. Required chaperones attend for free. Additional adults must pay \$10 each.)	\$ _____
If any additional adults would like a t-shirt, add \$5.00 per shirt and include sizes in the total below. _____ @ \$5.00 each	\$ _____
TOTAL:	\$ _____

**Please acknowledge the above fee total with your
Administrator/Supervisor's Signature**

Apply Ink Signature Here

Send packet via email to Veda Rouze; juniorthespiansnj@gmail.com

Make checks payable to NJ Thespian's and mail to

Zachary Bates (NJ Thespian Treasurer)
26 Gilbert Ave
Westville, NJ 08093

T-SHIRT SIZE
FORM

Deadline for entries: March 3, 2017 (Please type and send electronically.)

List # of Total Shirt Sizes (Students/Chaperones) *Adult Sizes:*

_____ **S**

_____ **M**

_____ **L**

_____ **XL**

_____ **XXL**

Additional Adults Shirt Sizes (Extra \$5 charge. See Registration Fee Sheet)

_____ **S**

_____ **M**

_____ **L**

_____ **XL**

_____ **XXL**

TEACHERS/CHAPERONES WILL RECEIVE A T-SHIRT BUT IF ADDITIONAL ADULTS WOULD LIKE A T-SHIRT, THERE IS A **\$5 EXTRA CHARGE.**

REGISTRATION
ROSTER

Deadline for entries: **March 3, 2017** (*Please type and send electronically.*)

Please Note: To avoid errors in the schedule booklet, please submit a TYPED roster. Thanks.

School Name: _____

Teacher: _____

Teacher's Phone #: _____ Email: _____ Troupe #: _____

For insurance purposes, we are required to have the names of ALL adults (parents, teachers, etc.) accompanying your students to the festival.

All adults and students will receive a name badge at the registration table.
No one will be admitted to any areas of the festival without a name badge.

PLEASE **TYPE** ADULT NAME LIST "First Name, Last Name" (troupe director, chaperones, and additional adults):

- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖

REGISTRATION
ROSTER (continued)

Deadline for entries: **March 3, 2017** (*Please type and send electronically.*)

PLEASE **TYPE** STUDENT NAME LIST “First name, Last name” in **alphabetical** order:

Column 1

Column 2

Column 3



SHOWCASE GUIDE

1. Time limit per school: **15** minutes maximum, includes set-up, performance, & strike.
Performance time limit: **10** minutes maximum.
2. Groups will **not** be able to rehearse on the main stage before Showcase.
3. Each group may present a compiled performance from a published musical or play. Screenplays and television scripts are not permitted. It can be a cutting from a longer musical/play or a compilation of songs and/or scenes.
4. The showcase does not have to be from the school's 2017 produced musical/play.
5. Three (3) or more actors must be involved in the performance.
6. Props (including hand props) may be used. Props must be provided from each school.
7. Please wear black clothing or school t-shirts.
8. Costumes and large set pieces are not permitted.
9. Music must be brought on a cd to the festival on April 22.
10. Please do not bring your own mics. Stage mics and 20 headset mics will be provided.
11. Slots are limited. Register early to ensure a slot.
12. Additional information will be sent to you regarding set-up for Showcase once you register.

SECURING PERFORMANCE RIGHTS FOR SHOWCASE

It is the responsibility of entrants to obtain permission for the use of copyrighted material. In certain cases, permission is not required.

Play Publishers

- **Broadway Play Publishing, Inc.:** <https://www.broadwayplaypub.com/performance-rights/>
 - All competitions require a performance-rights license with the exception of those five minutes or under in duration for which no license is required.
 - For competitions with a duration of greater than five minutes a standard fee of \$50.00 per performance applies for full-length plays and \$35.00 per performance for short plays.
- **Dramatic Publishing Co.:** <http://www.dramaticpublishing.com>
 - There is no charge for use in Thespian Festival NIEs
- **Dramatists Play Service:** <http://www.dramatists.com>
 - All Dramatists Play Service properties are pre-approved for Thespian Festivals, with no written permission required, for no royalty unless the student is selected for the NIE Showcase. If the student is selected for the NIE Showcase, the student must secure performance rights within 48 hours of the showcase:
<https://www.dramatists.com/cgi-bin/db/secure/scenenpa.asp>.
 - The exceptions to this guide are plays by Samuel Beckett and Edward Albee. In both of these cases, the student must secure the rights in advance and for each time it is performed.
- **Samuel French, Inc.:** <http://www.samuelfrench.com>
 - A license must be obtained through www.samuelfrench.com for any performance of a copyrighted work, including cuttings and excerpts. Titles approved for cuttings are marked “Cuttings approved for competitions.” A brief summary of proposed cuts or scenes must be included in the appropriate section of your license request.
 - Monologues and brief excerpts of less than 10 minutes do not require a license or other permission from Samuel French. When performed for a limited panel of adjudicators, although performances at NIES or other events open to audiences is subject to a license fee payable within 48 hours of the competition. For more information, please visit www.samuelfrench.com.
- **Playscripts, Inc.:** <https://www.playscripts.com/help/rights>
 - Royalties are waived for the performance of excerpts lasting less than 10 minutes at adjudicated school theatrical festivals or auditions, unless otherwise noted in the script. These particular performances, and only these, are automatically authorized by the playwright when you purchase books from Playscripts. (Note: Any other cuttings must receive prior approval from Playscripts.)
- **Smith and Kraus:** <http://www.smithkraus.com>
 - Most Smith and Kraus collections include a blanket permission statement for audition use. Remember, however, the particular piece you’re interested in performing must be found in one of these collections that include blanket permission.
- **Theatrefolk:** www.theatrefolk.com
 - Monologues and scenes/excerpts lasting 10 minutes or less taken from scripts published by Theatrefolk may be performed in any Thespian Society Individual Event program without royalty.
- **YouthPLAYS:** www.youthplays.com
 - Royalties are waived for monologues and scenes/excerpts lasting less than 10 minutes for Thespian IEs. To receive a statement of permission, an entrant must purchase a single printable perusal copy of the play through the YouthPLAYS website, then email info@youthplays.com with their name(s), school, and event information.

SHOWCASE REGISTRATION (optional)

Deadline for entries: March 3, 2017 (Please type and send electronically.)

Title of Showcase: _____

Author: _____

Publisher: _____

Songs: _____

Scenes: _____

I hereby certify that all applicable royalties have been paid to the appropriate publisher:

(Director's Signature)
Apply Ink Signature Here

Director: _____

School/Drama Club Name: _____

Student Form

2017 Chapter Consent and Acceptance form



**NEW JERSEY
THESPIANS™**

Make 2 copies of the 2--page form for EVERY student attending the NJ Thespian Festival. Completed forms MUST be turned in when your troupe arrives at registration. (Do not send them in advance.)

You must bring TWO copies of each form. One copy will be turned in at the Registration

Table. The other copy must be folded and inserted into the student's name badge holder in case of an immediate emergency.

The New Jersey Thespian Festival requires that this form be completed in full for each student delegate attending the New Jersey Thespian Festival and signed by a parent or legal guardian. Type or print legibly. Enter Student's name exactly as it appears on registration form. **Return by 4/22/2017.**

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER
STREET ADDRESS (Home)			TELEPHONE (Home)	
CITY	STATE		ZIP	
SCHOOL			TROUPE NUMBER	
NAME OF PARENT/GUARDIAN/NEXT OF KIN		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (1)		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (2)		RELATIONSHIP	PHONE NUMBER	
NAME OF TROUPE DIRECTOR OR CHAPERONE ATTENDING EVENT				

ALLERGIES TO FOOD AND/OR MEDICATIONS (IF NONE, please indicate)
MEDICATIONS CURRENTLY BEING TAKEN (IF NONE, please indicate)
PAST ILLNESSES OR INFORMATION NECESSARY IN AN EMERGENCY (IF NONE, please indicate)

FAMILY PHYSICIAN	HEALTH INSURANCE COMPANY		
NAME	INSURANCE COMPANY NAME		
PHYSICIAN PHONE NUMBER	POLICY HOLDER NAME		
STREET ADDRESS	POLICY ID#	GROUP/PLAN #	
CITY, STATE, ZIP CODE	INSURANCE COMPANY STREET ADDRESS		
	CITY	STATE	ZIP CODE

PRESCRIPTION INSURANCE	PROVIDER NAME	PROVIDER PHONE NUMBER
Rx GROUP #	Rx BIN #	ID #
I CONSENT TO MEDICAL TREATMENT		
<p>The undersigned hereby gives permission and consents to the New Jersey Thespian Festival and its Organizers to provide routine first aid, supervise the self-administration of over-the-counter and prescription medications and to seek medical assistance and/or treatment on behalf of the Delegate in the event that an illness or injury requiring such medical assistance and/or treatment occurs while the Delegate is attending or participating in the New Jersey Thespian Festival. In the event that reasonable attempts to contact the individuals listed above are unsuccessful, the undersigned hereby authorizes and consents to (1) the administration of any treatment deemed necessary by the physician listed below or, if unavailable, such other licensed physician or other healthcare provider as may be available and (2) the transfer of the Delegate to the nearest hospital or other medical facility for emergency medical evaluation, care and treatment. The indemnification in Section I below shall expressly cover any claims related to the actions by the New Jersey Thespian Festival and its Organizers in (1) providing such routine first aid or supervision and (2) seeking such medical evaluation, care and treatment, and in providing any information reasonably requested by such emergency medical providers for purposes of providing or billing for services.</p>		
SIGNATURE OF PARENT/GUARDIAN		DATE

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless the New Jersey Thespian Festival, New Jersey Thespians, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in the New Jersey Thespian Festival. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from the New Jersey Thespian Festival including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on Page 1 of this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by New Jersey Thespian Festival security rules and regulations. The undersigned understands that, if the Delegate violates security rules and regulations, the Delegate may be returned home, and the undersigned (or parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home and no refunds will be granted.

III. PHOTO/VIDEO RELEASE

The undersigned irrevocably consents to being photographed or being recorded by means of video or audio tape recording by the Organizers, or a designated representative of the Organizers. These photographs and/or recordings can be used, without compensation to undersigned and/or the Delegate, in any public display, publication or media, or website, or in any manner or form, and at any time by the Organizers in promotion of the mission to promote the theatrical arts and have theatre arts recognized in all phases of education. The undersigned releases the Organizers, and their employees, agents, representatives, associates, Board of Director members, and consultants from any liability in connection with the use of such photographic, video and/or audio materials.

IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the New Jersey Thespian Festival or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the New Jersey Thespian Festival or its Organizers, or any third party health care provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party health care provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

V. YOUTH ACTIVITY SAFETY POLICY

The New Jersey Thespian Festival has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

The Delegate and the Delegate's parent and/or legal guardian have read, understand and agree to be bound by the above provisions, as evidenced by their signatures below:

SIGNATURE OF PARENT/GUARDIAN	DATE	SIGNATURE OF DELEGATE	DATE
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Adult Form

2017 Chapter Consent and Acceptance form



**NEW JERSEY
THESPIANS™**

Make a copy of the 2--page form for EVERY adult attending the NJ Thespians Festival. Completed forms MUST be turned in when your troupe arrives at registration. (Do not send them in advance.)

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STREET ADDRESS (Home)			TELEPHONE (Home)	
CITY	STATE		ZIP	
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NAME OF EMERGENCY CONTACT (2)		RELATIONSHIP	PHONE NUMBER	
NAME OF TROUPE DIRECTOR OR CHAPERONE ATTENDING EVENT				

I CONSENT TO A BACKGROUND CHECK (NON-STUDENTS)

I understand my ability to participate in any program involving children as an Educational Theatre Association (EdTA) employee or volunteer may be contingent on the receipt and evaluation of my Background Check.

Failure to provide consent will result in the denial of or termination of my participation in any program involving children.

I understand that EdTA may obtain follow-up Background Checks at any time during my participation in such programs, to the extent permitted by law, unless I revoke this consent in writing. I understand that revocation of this consent may result in the immediate termination of my participation.

I understand that any information obtained from a Background Check may be considered in the course of any current or future engagement, including employment, with EdTA.

I understand that if the Background Check indicates that an outstanding warrant has been issued against me, EdTA will share that information with appropriate law enforcement agencies. I have read and understand all of the information above, and by my signature below, consent to and hereby grant authorization to obtain and release of the background check reports described above to EdTA within the terms of this Statement.

SIGNATURE

DATE

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless the New Jersey Thespian Festival, New Jersey Thespians, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in the New Jersey Thespian Festival. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from the New Jersey Thespian Festival including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on Page 1 of this form.

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IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the New Jersey Thespian Festival or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the New Jersey Thespian Festival or its Organizers, or any third party health care provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party health care provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

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The New Jersey Thespian Festival has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

The Adult Delegate has read, understands and agrees to be bound by the above provisions, as evidenced by his/her signature below:

SIGNATURE OF DELEGATE

DATE

SECURITY RULES AND REGULATIONS

Note to Director: Please make copies, distribute and review these rules with each delegate. They will be enforced!

- 1. Alcohol/Tobacco/Drugs/E-cigarette/Vapors:** Students consuming drugs, tobacco or alcohol, or found to be under the influence of these substances at any time during the festival will be sent home and disqualified, on the FIRST violation.
- 2. Dress Code:** Proper attire, including shoes, must be worn at all times during the festival. Delegates are encouraged to wear comfortable clothes for workshop activities and to dress appropriately for theatre attendance.
- 3. Respect:** Students must respect Toms River HS North. Defacing, damaging, or leaving an area in disarray is strictly forbidden. If anything is damaged, please notify a festival official immediately. Any student(s) who break these rules will be disqualified from ALL events and the troupe may be fined for damages.
- 4. Host Regulations:** Food/drinks are prohibited in the theatre at all times! Beverage/food containers must be placed in proper trash receptacles. No food ordered from outside restaurants is permitted.
- 5. Behavior:** Students are expected to behave properly at all times. Rudeness in gesture and/or language will not be tolerated. Be a Great Audience at all times. Do not walk in or out of a performance or workshop. No whispering or catcalls during performances. Treat those onstage with the same respect you would want if you were in their place. Acknowledge his or her efforts after every show and workshop.
- 5. Do Not Leave Campus:** Do not leave the Toms River HS North. Do not go to campus areas that are not being used for the festival. Do not enter empty, unsupervised rooms that are not being used for the festival.
- 6. Name Badges:** Badges will be distributed at the registration table, and will be required to be worn to enter any area of the festival. You will not be allowed to go to any workshops without your name badge. If you lose your badge during the festival, report to the registration table.
- 7. HIB:** Harassment, intimidation and bullying will not be tolerated and is strictly prohibited by law. Any Thespian who engages in this behavior will be asked to leave immediately, forfeit any medal and will be reported to their school district and possibly local law enforcement depending on the severity of the incident.

**APPLICATION FOR THE NJ STATE JR. THESPIANS ADULT BOARD
OF DIRECTORS (optional)**

Middle School Teacher's Name _____

School Name _____ Troupe # _____

Middle School Teacher's Address _____

Middle School Teacher's Phone # _____

Email _____

We meet once in the summer for one-day (August 2017 at Toms River Ocean County Library), and one Saturday morning each of the following months: October, November, January, February, and March (dates determined at August meeting.).

Would you be able to attend the meetings? (Check one:) Yes No

Check off the committee you would like to serve on:

Vendors

Keynote

Workshops

Sponsors

REGISTRATION PACKET CHECKLIST

Check the boxes to keep yourself on track 😊

Things to do by the Deadline: March 3, 2017

Email all completed forms electronically to juniorthespiansnj@gmail.com:

NJ Jr. Thespian Festival Registration Form, pg 4

Registration Fee Sheet, pg 5

T-Shirt Size Form, pg 6

Registration Roster, pg 7

Showcase Registration (If applying), pg 11

Application for NJ State Jr. Thespians Board (If applying), pg 17

Submit Pictures of Drama Club/Thespian Students, pg 3

Things to Bring to Festival: April 22, 2017

Print all completed forms and bring to the festival.

Student consent and Acceptance Form, pg 12-13

Adult Consent and Acceptance Form, pg 14-15

CD for Showcase (If using music)

Thank you for filling out this registration. Please save and email completed packet to juniorthespiansnj@gmail.com by March 3, 2017.