

State Conference Troupe Registration • Due 1st Week in March

School _____	Troupe # _____
Sponsor _____	School Phone _____ Home Phone _____
Address _____	City _____ Zip _____
School FAX number _____	E-Mail _____

1. Workshops Your Troupe Could Present (or could get a presenter for)...

Notes on workshops:

- Workshops should be **ACTIVITY** based. Some lecture or discussion is expected, but please consider your audience who will appreciate something different than what they are already used to at school.
- Please bring enough materials for everyone and any necessary audio-visual equipment.

Presenter _____

Brief Description of Workshop _____

Any Special Room or Space Requirements _____

Length of workshop (please circle) 40 mins. 80 mins. Max # Participants _____

2. Play Marathon Entries Your Troupe Could Present...

Guidelines for One Acts, Cuttings, & Classroom Projects:

- Max 30 minute productions, 10 minute set up and take down, sponsor or student directed.
- Troupes are responsible for all technical requirements. Anticipate that you'll be performing in a large classroom or lecture hall.
- All cast members must be registered as part of the conference • **ALL PLAY MARATHONS WILL BE ADJUDICATED AND SUPERIORS WILL BE RECOGNIZED**

Title _____ Author _____

Cast List _____

Want a critique for International consideration? Yes No

3. Technical Design Entries...

- Leave your submission at the registration desk when you arrive at the conference. Please write in the competitor's name below.
- See Guidebook for entry guidelines.
- Fee = \$3.00 per entry. Payable with conference registration.

• Costume Design 1. _____ 2. _____ 3. _____

• Set Design 1. _____ 2. _____ 3. _____

• Poster Design 1. _____ 2. _____ 3. _____

• T-Shirt Design 1. _____ 2. _____ 3. _____

4. State Showcase Qualifiers

- Open **ONLY** to those students who were recognized in the top 10% at the Regional Acting Competitions in February. Attach additional sheets as necessary.

Name(s)	Event	Selection
_____	_____	_____
_____	_____	_____

<u>Last Name</u>	<u>First Name</u>	<u>Type of Delegate</u>	<u>Fee</u>	<u>T-Shirt Size</u>
1. SPONSOR	_____	SP/CP	\$70	S M L XL XXL
2.	_____	_____	_____	S M L XL XXL
3.	_____	_____	_____	S M L XL XXL
4.	_____	_____	_____	S M L XL XXL
5.	_____	_____	_____	S M L XL XXL
6.	_____	_____	_____	S M L XL XXL
7.	_____	_____	_____	S M L XL XXL
8.	_____	_____	_____	S M L XL XXL
9.	_____	_____	_____	S M L XL XXL
10.	_____	_____	_____	S M L XL XXL
11.	_____	_____	_____	S M L XL XXL
12.	_____	_____	_____	S M L XL XXL
13.	_____	_____	_____	S M L XL XXL
14.	_____	_____	_____	S M L XL XXL
15.	_____	_____	_____	S M L XL XXL
16.	_____	_____	_____	S M L XL XXL
17.	_____	_____	_____	S M L XL XXL
18.	_____	_____	_____	S M L XL XXL
19.	_____	_____	_____	S M L XL XXL
20.	_____	_____	_____	S M L XL XXL

<u>Types of Delegate</u>	<u>Total Fees</u>	<u>Total T-Shirts</u>
TH _____	\$ _____	S _____
NT _____		M _____
SP/CP _____		L _____
TOTAL _____		XL _____
		XXL _____

Codes

- Type of Delegate.
 - TH = Thespian
 - NT = Non-Thespian
 - SP/CP = Sponsor/Chaperone
- Fees
 - TH = \$70.00
 - NT = \$80.00
 - SP/CP = \$70.00
- Unaffiliated Troupe = \$25.00
- Technical Entries = \$3.00 per entry
- Workshop/One Act Fee = \$50.00

**Note the workshop fee is only payable if you are NOT bringing either a one act or workshop.*

BE AWARE!

THESPIAN means that the student delegate is an INDUCTED member of ITS. Just because the school is a registered and current troupe, does not mean that all students are. Please encourage your students to join Thespians!!

Total Fees

- Delegate Fees \$ _____
- Technical Entries \$ _____
- Unaffiliated Troupe \$ _____
- Workshop/One Act Fee \$ _____
(only payable if you are NOT bringing a one act or workshop)

TOTAL \$ _____

PLEASE NOTE! Due to the seating limitations at conference, each school MAY BE limited to 20 delegates each. Extra space will be given on a first come basis. Please check here if you'd like us to contact you about extra spots.

Yes! Please contact me about additional delegates for the conference.

Release Form • Xerox For Each Delegate!

- Each delegate must have a release form. They will be checked at registration and the sponsor / advisor must keep them on hand at all times during the conference.
- Please type or print legibly, use black ink, and print the delegate's name exactly as it appears on the registration form.

Delegate's Name _____

Troupe # _____ High School _____

Home Address _____ Home Phone _____

City _____ ST _____ Zip _____ Delegate's Birth Date _____

Name of Parent / Guardian / Next of Kin _____

Sponsor's Name _____

Should it be necessary to assign you to a local hospital, your parent / guardian / next of kin will be notified by phone.

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE DELEGATE:

Allergic reactions to _____

Medications now or previously taken _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary _____

Payment for medical services will be made by (please, circle one)

Parent

Insurance Company

Family Physician

Name _____

Phone Number _____

Address _____

City/ST/Zip _____

Health Insurance Company

Name _____

Policy Number _____

Address _____

City/ST/Zip _____

The undersigned hereby releases and agrees to hold harmless the International Thespian Society (a component of the Educational Theatre Association) and its respective agents, employees and representatives from any and all claims, demands, actions and causes of action which the undersigned may have as a result of the delegate listed above participating in the Oregon Thespian State Conference at the official location. The undersigned further agrees to be responsible for him/herself while traveling to and from said conference, including any expenses incurred by the delegate, caused by the delegate and/or any personal injuries which may occur to the delegate. The undersigned also agrees to abide by the conference's Security Rules and Regulations (as stated in the code of conduct), with the understanding that, should any problems occur with the delegate during the conference weekend, the delegate will be returned home and parents, guardian or next of kin of the delegate will be financially responsible for all necessary costs incurred. The undersigned also realizes that the conference registration fees cannot be refunded. The undersigned further understands that should a major medical problem arise, s/he will be notified by telephone. In the event that s/he cannot be reached, s/he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned certifies that s/he has read and fully understands this authorization.

Signature of Above-Named Delegate

Signature of Parent/Guardian/Next of Kin

