

**SCOTTISH ASSOCIATION OF YOUNG FARMERS CLUBS
WEST REGIONAL DRAMA FESTIVAL 2024**

ENTRY FORM

All aspects of this form should be completed to aid in the printing of the programme.

..... **CLUB** is taking part in the above Festival and gives the following information:

(A) NAME OF PLAY

(B) AUTHOR

(C) CAST IN ORDER OF APPEARANCE:

N.B. Please mark all First Time Performers at Regional Level.

CHARACTER	Name of Member	Please Tick if first time performer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF PLAY _____
(e.g. Scots, English, etc, Tragedy, Drama, Comedy, Farce, Fantasy etc)

(D) SCENE _____

(E) PERIOD _____

(F) NAME OF PRODUCER _____

(G) CLUB STAGE MANAGER (must be a member) _____

I declare that to the best of my knowledge the foregoing statements are accurate.

Signed _____ Position _____

A COPY OF THE PLAY ROYALTY LICENSE, SCRIPT AND LIGHTING PLAN MUST BE SUBMITTED ALONG WITH THIS FORM. NO LATE ENTRIES WILL BE ACCEPTED UNDER ANY CIRCUMSTANCES.