

Play Marathon Application
TYPE OR PRINT LEGIBLY IN BLACK INK

High School _____ Troupe # _____

Address _____ School Phone _____

City _____, CA Zip Code _____ School Fax _____

Troupe Director's Name _____

Home Phone _____ Best Time/Number to Reach _____

E-Mail _____ Cell Phone _____

Arrival Time at Festival _____

Play Title _____

Author _____

Directed by _____

____ Screen this entry for performance at the CA State Thespian Festival only.

____ Screen this entry for performance at the CA State Thespian Festival AND for the International Thespian Festival in June.

____ If not selected for Play Marathon, schedule our performance for a 10-minute cutting for Scenefest.

CAST LIST

All cast/crew members must be registered for Festival

Last Name	First Name	Last Name	First Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You must include a copy of the script with this application.
Schools must obtain production rights, if required, and
send proof of rights with submission.
(Bring at least ten show programs with you to Festival.)

**Mail Play Marathon Application with
Copy of script, VHS video tape, or DVD of performance, and proof of rights
ON or BEFORE February 1st
Kim O'Rourke
10266 Norwick St.
Rancho Cucamonga, CA 91730**