

BUCKS COUNTY PLAYHOUSE
student
THEATER FESTIVAL

SCHOOL _____

ADDRESS _____

CONTACT PERSON _____ EMAIL _____

OFFICE PHONE _____ CELL PHONE _____

2019 Student Theater Festival Dates

Please choose from the following festival date(s) by filling in the number of requested performance slots for each date.
If your dates are flexible, please include 1st and 2nd choice!

_____ **Mon., April 1** (please specify: play musical) _____ **Tues., April 9** (please specify: play musical)

_____ **Tues., April 2** (please specify: play musical) _____ **Wed., April 10** (please specify: play musical)

_____ **Thurs., April 4** (please specify: play musical) _____ **Thurs., April 11** (please specify: play musical)

_____ **Mon., April 8** (please specify: play musical)

PLEASE NOTE: The Bucks County Playhouse Student Theater Festival rules and regulations* have been updated. By returning this form, you affirm that you have read and understand the updated rules and regulations and agree to abide by the guidelines set forth by the Festival.

**See the Student Theater Festival Handbook on our website for complete rules and regulations.*

Total number of requested **performance slots (limit 2 slots/day) @\$50 each** _____ **TOTAL** _____

Total number of **students @\$20 each** _____ **TOTAL** _____

Total fee, payable by check to Bucks County Playhouse = _____

***Refund policy: after February 6, 2019, the \$50 registration fee(s) cannot be refunded.
\$20 student participation fees will be refunded up until 14 days before the performance.***

Please send registration form to:
Bucks County Playhouse Student Theater Festival
12 W. Mechanic Street Unit 2A
New Hope, PA 18938

OFFICIAL USE ONLY:

Order Number _____

Date Processed _____

Payment Method _____