



2017 Annual Convention
**High School Theatre
 Festival Registration**

Questions?
 Our offices are open
 Monday - Friday, 9am - 5pm ET
336-272-3645

To participate in the festival, annual SETC Membership is required for the Institution, Director and each teacher/student participant.

About Your High School

High School Name: _____ Phone: _____
 School Address: _____ Fax: _____
 City: _____ State: _____ ZIP: _____
 Contact Name: _____ Title: _____ Email: _____
 Director Name: _____ Cell: _____ Email: _____
 Title of Play: _____ Playwright: _____

Brief Description of Play (35-60 words). Note: SETC may edit descriptions for publication.

STUDENTS & CHAPERONES: List all teachers or parent chaperones (1 for every 8 students) as well as each participating student in your Group on the Registration Spreadsheet.

High School Registration

INSTITUTIONAL MEMBERSHIP.....\$77
 FESTIVAL ENTRY FEE.....\$50
 CHAPERONE FEE (1 per 8 students) \$15 x No. _____ of Chaperones

PARTICIPANTS	EARLY BIRD (by 12/16)	REGULAR (by 1/27)	ON SITE
Director's Convention	<input type="radio"/> \$233	<input type="radio"/> \$270	\$317
Adult Full Convention	<input type="radio"/> \$233 x No. _____	<input type="radio"/> \$270 x No. _____	\$317 Each
Student Full Convention	<input type="radio"/> \$140 x No. _____	<input type="radio"/> \$182 x No. _____	\$230 Each
Undergraduate Auditions / Interviews	\$20 x Total No. of Applications _____		
HS Festival Block Tickets (for anyone not registered)	\$20 x Total No. of Attending _____		
	<input type="radio"/> Block 1 _____	<input type="radio"/> Block 2 _____ <input type="radio"/> Block 3 _____ <input type="radio"/> Block 4 _____	
Saturday Night Gala Individual Tickets	<input type="radio"/> \$30 x # of tickets _____	# of Vegetarians included _____	
Friday Luncheon	<input type="radio"/> \$20 x # of tickets _____	# of Vegetarians included _____	

REGISTRATION FEES

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Payment Information

NO REFUNDS AFTER 1/27/17 setc.org/refund-policy

TOTAL DUE

MasterCard Visa Money Order Check Enclosed Check #: _____
 Card #: _____ - _____ - _____ - _____ Security Code: _____ Exp. Date: _____
 Signature: _____ Name on Card: _____

\$ _____
OFFICE USE ONLY:
 DB: _____ / _____
 QB: _____ / _____
 CR: _____ / _____