Students, Thespians, and Parents,

Our troupe/school will be attending the Junior Texas Thespian Regional Festival in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The festival will be held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A full day of festival is a fun event with theatre competitions, workshops, activities, guest speakers and leadership opportunities all specializing in….. theater!

The cost for the festival will be approximately $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PRICE) per student. This includes Junior Festival shirt, boxed deli lunch, access to all festival programming. (List additional fees here if students pay for competitions)

Please fill out the interest form below. If will be attending, your Registration Packet must be competed with parent/guardian signatures by \_\_\_\_\_\_\_\_\_\_\_\_ (DATE).

As a member of our troupe, I expect the following from you:

* You will represent our school as an **outstanding** Thespian!
* You will participate in all Festival workshop sessions, even if you are not competing.
* You will always wear your nametag above the waist!
* You will be respectful to all Festival Staff and Student Thespian Leaders
* You will follow all rules of our school and you will abide by Festival Rules
* You will exhibit **GREAT audience etiquette!**
* During performances and workshops, proper theater etiquette includes:
* no talking
* no texting
* no eating
* no sleeping
* You will be a FANTASTIC audience member!

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am a (Circle):** Student Delegate Chaperone

**I am interested in competing in a performance event (Circle):** YES NO

**I am interested in competing in a technical design event (Circle):** YES NO

**I am interested in competing on our team’s tech relay event (Circle):** YES NO

**My Lunch Choice is (Circle):** Turkey Sandwich Ham Sandwich Veggie Wrap Vegan Salad

**I have the following dietary needs/allergens (Circle all that apply):**

Gluten Free Dairy Free Nut/Peanut Free Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR NAME**

**YOUR EMAIL**

**YOUR NUMBER/CONTACT**