



Mountview Theatre  
56 Smith Street  
Macedon Victoria  
Phone (03) 5426 1892

PO Box 216  
Macedon VIC 3440

www.themountplayers.com

## 18th ANNUAL ONE ACT PLAY FESTIVAL

Saturday 13<sup>th</sup> & Sunday 14<sup>th</sup> JULY 2024

### ENTRY FORM

Entrants will be confirmed on receipt of \$50.00 registration fee per One Act Play. If more entries are received than are able to be accommodated, entrants will be confirmed based on order of receipt of registration (see last page for payment details).

As outlined in the Conditions of Entry, entrants are required to provide full details of their production(s) prior to competing in the Festival. **Therefore, two copies of the script(s)** must also be mailed with your entry form by **Friday 14th June 2024**. **Please note script pages should be numbered and printed on one side only.**

It is the responsibility of the group performing that all **royalties are paid**.

**Name of Play:** \_\_\_\_\_

**Name of Playwright:** \_\_\_\_\_

**New Playwright Award:** For this award the entrant *must be a first-time playwright and a Victorian resident*, whose play is being performed for the first time in public in 2024.

Yes / No

**Youth Group Production:** Are the cast under 21 years?

Yes /No

**Name of Director:**

\_\_\_\_\_

**Group Name:**

\_\_\_\_\_

**Postal Address:**

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**Contact person:**

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**Phone Day:** \_\_\_\_\_

**Phone After Hours:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please supply an estimate of the distance you will be travelling. This information is of assistance when scheduling preferred times.

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**\*\* PLEASE FILL IN DETAILS ON NEXT PAGES \*\***

**CAST** (*write here or attach printed list*)

**Character**

**Actor**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Genre:** \_\_\_\_\_

**Frequent Strong Language** (*please circle*): \_\_\_\_\_ Yes / No

**Length of Play** (MIN 20 mins-MAX 45 mins): \_\_\_\_\_ (Please ensure that this is correct)

**Do you require technical support for:** **Lighting:** Yes / No **Sound:** Yes / No

**Brief Synopsis:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brief History of Theatre Company for inclusion in the programme:**

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The Mount Players have scheduled 4 sessions for this year's Festival (dependent on the number of entries). The sessions are:

- Saturday afternoon
- Saturday evening
- Sunday morning
- Sunday afternoon

Awards presentation will be held after the final session on Sunday late afternoon/early evening, time determined by whether or not there is a Sunday afternoon session.

Preferred performance day & time: \_\_\_\_\_

Second choice: \_\_\_\_\_

**Entry Fees:**

May be paid electronically to (and referenced as *One Act Play Festival*):

Account Name: **The Mount Players Inc**  
BSB **633 000** A/C No. **136470317**

Please notify the Festival Coordinator via email on [berni@netspace.net.au](mailto:berni@netspace.net.au) when payment has been made.

or via cheque made payable to: *The Mount Players' One Act Play Festival* and mailed to:

2024 One Act Play Festival  
The Mount Players Inc  
PO Box 216  
Macedon 3440

**By Friday 14th June 2024.**

**Please ensure your package includes:**

- 2 single sided A4 copies of script(s) with pages numbered – please do not staple.
- Entry fee(s) or notification of e-banking payment.
- Entry form with all names clearly written and correctly notified.

Thank You