

“Curtain Going Up” ICTL FESTIVAL 2012
Sponsored By the ICTL Board and Indianapolis Community Theatres
Hosted by the University of Indianapolis
March 23, 24 & 25, 2012

Registration Form For Individuals or Company Members

All members of your company must be registered – **PLEASE** FILL OUT ONE FOR EACH MEMBER

Deadline: Postmark Date - February 23, 2012

(Or may be hand delivered to the Feb. 26th Tech. Meeting at Noon in Indianapolis) Individuals not members of a performing company can register the day of the Festival.

Name: _____

Address: _____

City/Zip: _____ Phone: _____

Email Address: _____

Company Member of: _____ Cast? _____ Crew? _____

OR

Individual Audience Member _____

(Please list theatre affiliated with – if applicable)

Complete & mail this form and payment (Made out to ICTL) of \$25 per person, by - February 23rd

**to: Indiana Community Theatre
ICTL Festival
P.O. Box 39295
Indianapolis, IN 46239**

Contact Dotti Peek, 317-862-4955 or pjdpeek@aol.com for questions

Festival Hotel Information:

(Be sure to mention ICTL for the special Festival rate when you call.)

LaQuinta Inn, I-465 & Emerson, exit #52 off the south leg of I-465

317-783-7751

Room rate: \$60+tax (if we have 25 reservations)



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ICTL FESTIVAL 2012

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March 23. 24 & 25, 2012

Name: _____

Address: _____

City/Zip: _____ Phone: _____

Email Address: _____

Sunday Brunch Order Form

_____ Brunch(es) @ \$15 each for a total of \$ _____

Please list each person and fill out registration forms for each.

Please send and make checks payable to: **Indiana Community Theatre**
Attn: ICTL Festival
P.O. Box 59295
Indianapolis, IN 46239

The University can be reached easily from Exit 2A of the south leg of I-465.
Go north two stop lights to Hanna Avenue. Turn right or east on Hanna.

The Hotel is also off the south leg of I-465, Exit #52



INDIANA COMMUNITY THEATRE LEAGUE, INC.
Member of the American Association of Community Theatre
MEMBERSHIP / RENEWAL APPLICATION

THEATRE MEMBERSHIP _____ **INDIVIDUAL MEMBERSHIP** _____

Check appropriate space above

The following information will appear in the next Directory

Theatre Membership Information for _____ : (year)

Name of Theatre _____

Address: _____

Theatre Office Phone: _____ Box Office Phone: _____

Fax: _____ **Email:** _____

Website: _____

Contact Person: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____ Email: _____

Preferred Mailing Address: ___ Theatre ___ Contact Person's Home

Individual Membership Information for _____ : (year)

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____ Email: _____

Community Theatre Affiliation: _____

Enclosed is the ICTL Membership Dues: Theatre Dues \$40.00 Individual Dues \$20.00 (per year)

Remember Theatre dues are due for this year before performing in the Festival.
All dues are due April 1 or at Festival time.

Make checks payable to: Indiana Community Theatre (ICTL)

Please mail to: Indiana Community Theatre League

P.O. Box 39295

Indianapolis, IN 46239