American College Theatre Festival XXXIV, Region IV
Savannah College of Art and Design
February 4-9, 2003

Registration Form for the Irene Ryan Acting Scholarship Competition

Name____________________________ Phone_________________________

Address_________________________________________________________

City___________________________ State___________ Zip__________

School__________________________________________________________

Are you an undergraduate student?__________
If so, what is your expected month and year of graduation?_____/_______

Title and author of two person scene:

______________________________________________________________

Title and author of song, monologue or second two-person scene:

______________________________________________________________

How did you secure permission to perform the material listed above?

Public Domain__________ “Green Light” List__________ Direct Contact
w/Publisher__________

Direct Contact w/Author__________ Cleared through Gregg Henry__________

IMPORTANT NOTE ON SELECTION OF MATERIAL: While nominees no longer
have to provide proof of permission and royalty payment for material, it is still the
nominee’s responsibility to secure permission by consulting published “red
light/green light” lists, contacting the publisher directly, or by contacting Gregg
Henry at ghenry@kennedy-center.org . All candidates must indicate how
permission was secured to perform this material in the space provided above.

Partner’s Name____________________________________________________

Check if you need piano Yes ( ) No ( )
Check if you need accompanist Yes ( ) No ( )

This form must be received no later than February 1, 2002

Mail to:
Dan LaRocque. 211 Telfair Peet Theatre. Auburn University. Auburn University, AL 36849-5422
Email to: larocdj@auburn.edu
Partner Registration Form for the Irene Ryan Acting Scholarship Competition

Name____________________________ Phone________________________

Address____________________________________________________________________________________

City___________________________ State___________ Zip__________

School______________________________________________________________________________________

Are you an undergraduate student?_______
If so, what is your expected month and year of graduation?_____/______

#1 Auditionee’s name ______________________________________________

#2 Auditionee’s name
(if you are partnering more than once)____________________________________

This form must be received no later than February 1, 2002

Mail to:
Dan LaRocque
211 Telfair Peet Theatre
Auburn University
Auburn University, AL 36849-5422

Email: larocdj@auburn.edu

NOTE: THIS IS NOT A FESTIVAL REGISTRATION FORM YOU MUST REGISTER FOR THE REGIONAL FESTIVAL SEPARATELY. SEE YOUR COACH OR DIRECTOR TO ENSURE THAT YOU ARE PROPERLY REGISTERED FOR THE REGIONAL FESTIVAL.