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**APPLICATION FORM**

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| --- | --- |
| **Full name of the amateur theatre** |  |
| **Legal affiliation** |   |
| **Contact person** |  |
| **Contact person details** | E-mail: | Phone: |
| **Information about the company**(indicate number of persons) | **Number of participants** | **Accommodation needed?** |
| Women\_\_\_\_Men\_\_\_\_  | Yes\_\_\_\_ persons | No |
| **Performance info**\* compliance with copyright regulations shall be the responsibility of the director of each theatre | **Title** |  |
| **Author \*** |  |
| **Director** |  |
| **Set Designer** |  |
| **Author of music** |  |
| **Total duration** |  |
| **Time to set up the scene** | **Assembly duration** | **Disassembly duration** |
| ------min. | --------min. |
| **Technical facilities needed****(sound, lights equipment)** |  |
| **Any wishes or special needs?** |  |

Please file the form by **1 July 2025** to intakalnina@inbox.lv