

**INTERNATIONAL DUBLIN GAY THEATRE FESTIVAL
SUBMISSION FORM - 2009**

Name of
Play: _____ by _____

Name of Company: _____

Chief Contact Name and Position _____

Full Postal Address: _____

Landline Telephone Number _____

Mobile Number: _____

Email: _____ Website _____

Name/Contact of Producer/Agent if different from above _____

Number in Cast (Male/Female): _____

Number & Title of essential Crew (if any) _____

Has the play been performed in Ireland/Europe before?: **Yes / No**

Do you have the licence to perform this production? **Yes / No**

Duration of performance : _____ minutes (Max. 75 minutes or 90 minutes incl. interval)

Do you have Poster Artwork and Flyers available? _____

Do you have any special requirements in order to stage this production in Dublin and if so please indicate what these might be? (e.g. Size of stage; capacity of venue; etc.) _____

Do you have a preference to perform in Week 1 or Week 2 of the Festival: **1 / 2**

Please confirm you have read the attached 'Criteria For Participation' Document. **Yes / No**

Do you accept that by making this submission you are guaranteeing that if selected, you will bring the production to Dublin under the terms set out in the 'Criteria For Participation' Document? **Yes / No**

Please send this completed form together with a signed copy of the attached Criteria For Participation Document, a copy of the script plus any relevant additional material (reviews, CV's, flyers, etc.) to:

**Brian Merriman, Artistic Director,
179 South Circular Road, Dublin 8, Ireland
info@gaytheatre.ie**