The Barrymore Awards For Excellence In Theatre
Agreement to Participate

Submit Agreement at least 8 weeks prior to first performance!

Member Theatre _____

Barrymore Awards Contact: Name _____ Title _____

Phone _____ E-mail _____

Voter Ticketing Contact: Name Title _____ _____

Phone _____ E-mail _____

Please review updated Rules and Regulations for 2008-2009 before submitting Agreement to Participate.

All required information must be submitted complete. TBA/TBD shows cannot be accepted. Once the season has begun, it is the responsibility of the member theatre to submit any additional shows at least eight weeks prior to the show's first public performance.

Show # 1 Total # of performances _____

Title: _____ Venue: _____ Address: _____

Playwright: _____ Director: _____ World Premiere? _____ Musical? _____

Preview Dates: _____ Opening Night Date: _____ Closing Night Date: _____

Schedule of Performances (days and times): _____

Show # 2 Total # of performances _____

Title: _____ Venue: _____ Address: _____

Playwright: _____ Director: _____ World Premiere? _____ Musical? _____

Preview Dates: _____ Opening Night Date: _____ Closing Night Date: _____

Schedule of Performances (days and times): _____

Show # 3 Total # of performances _____

Title: _____ Venue: _____ Address: _____

Playwright: _____ Director: _____ World Premiere? _____ Musical? _____

Preview Dates: _____ Opening Night Date: _____ Closing Night Date: _____

Schedule of Performances (days and times): _____

Show # 4 Total # of performances _____

Title: _____ Venue: _____ Address: _____

Playwright: _____ Director: _____ World Premiere? _____ Musical? _____

Preview Dates: _____ Opening Night Date: _____ Closing Night Date: _____

Schedule of Performances (days and times): _____

Show # 5 Total # of performances _____

Title: _____ Venue: _____ Address: _____

Playwright: _____ Director: _____ World Premiere? _____ Musical? _____

Preview Dates: _____ Opening Night Date: _____ Closing Night Date: _____

Schedule of Performances (days and times): _____

I have read and understand the rules for participation in the Barrymore Awards process. By signing below, I certify that the above theatre meets ALL the requirements for participation, and will comply with ALL rules and accommodate the nomination process.

_____ _____ _____

Executive Director or Authorized Signature Please Print Name Date

Send completed form to: Theatre Alliance of Greater Philadelphia, 1616 Walnut Street, Suite 1800, Phila., PA 19103. Fax: 215-413-7155