



Hyde Park Theatre in collaboration with **ScriptWorks**

Presents **FronteraFest 2015**

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f e s t

January 19 - February 1, 2015

long fringe application

① GENERAL INFORMATION

Company Name or Artist: _____

City/State/Country of Origin: _____

Title of Show: _____

Author/Playwright/Originator: _____

② CONTACT INFO

Primary contact person (all changes must come in writing from this person and box office receipts will be payable to this person and sent to this address unless alternate information is provided):

First Name	Last Name
Address	City
	State
	Zip
primary phone	secondary phone
fax #	other phone
email address	website

Alternate contact person (this person should be familiar with your production)

First Name	Last Name
primary phone	secondary phone
fax #	other phone
email address	

③ PERFORMANCE INFO

Is this a new work (i.e. the original production of this piece)? yes no

Do you have production rights for this show? yes no it's in the works

What is the estimated running time of your show (not to exceed 90 minutes - including intermissions)?

Please round up to the nearest 15 minute increment. _____ minutes (The whole festival will be scheduled using this estimate, so please be as accurate as possible and let us know if it changes.)

How many performers are in your show? _____

How many people are on your crew? _____

Please describe your show in 25 words or less. A more detailed description for publicity materials must be submitted by December 1st, 2014.

Please list any special technical requirements you can anticipate.

Please list any special scheduling requirements (i.e. an actor performing in multiple shows, etc.)

Name Your Ticket Price (\$15 maximum. Circle One):

\$5 / \$6 / \$7 / \$8 / \$9 / \$10 / \$11 / \$12 / \$13 / \$14 / \$15

④ FINAL CHECKLIST

This application is completely filled out. I understand that incomplete forms will not be accepted.

Accompanying this application is my **\$500 fee** in the form of check or money order made out to **Hyde Park Theatre**. **ENJOY A \$50 DISCOUNT IF YOUR APPLICATION IS RECEIVED BY OCTOBER 1ST!!**

_____ I have read the Long Fringe information document and agree to the terms therein.

_____ I have signed and dated this form and made a copy of this application for my files

primary contact's signature

date

Please mail this application with check made out to:

Hyde Park Theatre
511 West 43rd Street
Austin, TX 78751
ATTN: FronteraFest