



Rocky Mountain Theatre Association

COLORADO

IDAHO

MONTANA

UTAH

WYOMING

Rocky Mountain Theatre Festival 2010
RMTA MUSICAL THEATRE COMPETITION ENTRY FORM

Note: Participants must be registered attendees for the 2010 RMTA Festival.

Name: _____

Address: _____

School/Organization: _____

Phone: _____

Email (required): _____

Name of Partner (if applicable): _____

Recommendation of Candidate:

Teacher/Director Signature: _____ Institution: _____

Competition Candidate's Signature: _____ Date: _____

I plan to _____ pre-register _____ register at RMTA Theatre Festival 2010

_____my selections are covered under an ASCAP or BMI license:

Selection #1 _____ from _____

Selection #2 _____ from _____

_____my selections are not covered by ASCAP or BMI and I am enclosing the Approval of Rights* form with the authorized signatures

APPLICATION DEADLINE: January 22, 2010.

Mail a copy of this application form to:

Musical Theatre Competition Coordinator
Marianne Adams
Grandstreet Theatre
P.O. Box 1258
Helena, MT 59624

If you have questions about the competition, call Marianne Adams at: 406-442-4270 or e-mail her at marianne@mt.net

* The approval of rights form is available at www.rmta.net

FOR OFFICE USE ONLY

Audition #: _____ Audition Date and Time: _____

Fees Paid: (A) _____ (R) _____ (M) _____