



The NH Theatre Awards reserves the right to deny this application.

Completed forms should be emailed as an attachment to Admin@NHTheatreAwards.org

SECTION ONE: Company Information

1. Company Name

Street

City / State / ZIP

Phone 1 E-mail

Phone 2 Website

2. Please list at least two members of your company's governing body:

NAME	TITLE	PHONE	EMAIL

SECTION TWO: Company Eligibility

1. Year of Theater Company Incorporation:

2. Has your company participated in the New Hampshire Theatre Awards before YES NO
 If NO, please attach copies of your Mission Statement and/or Vision Statement.

3. Please list your Theatre Company's two (2) most recent major Theatrical Productions:

Past Production #1: Month/Year:

Past Production #2: Month/Year:

SECTION THREE: Production Submissions

- All shows submitted for adjudication must meet the eligibility requirements of a "theatrical production" as defined by the NHTA. * *Please see rules for "Production Eligibility" at www.NHTheatreAwards.org*
- A company may submit up to three (3) productions in each class, provided at least one submission is an original production. If NO original production is submitted in a class, the limit is two (2) for that class.
* *Please see rules for Original works at www.NHTheatreAwards.org*
- A company is not limited to one "original" submission, but at LEAST one submission must be an original for a company to submit 3 shows in a class.
- ALL submissions in each class must meet the eligibility criteria for that class as defined by the NHTA
* *Please see Class Criteria at www.NHTheatreAwards.org*

A) Professional Productions

- If you do not know the name of the Production, enter **TBA**.
- If you do not know actual show dates, please enter the **month** you expect the production to open.

Production #1	<input type="text"/>	Date:	<input type="text"/>	Check if Original
Production #2	<input type="text"/>	Date:	<input type="text"/>	Check if Original
Production #3:	<input type="text"/>	Date:	<input type="text"/>	Check if Original

B) Community Productions

- If you do not know the name of the Production, enter **TBA**.
- If you do not know actual show dates, please enter the **month** you expect the production to open.

Production #1	<input type="text"/>	Date:	<input type="text"/>	Check if Original
Production #2	<input type="text"/>	Date:	<input type="text"/>	Check if Original
Production #3:	<input type="text"/>	Date:	<input type="text"/>	Check if Original

C) Youth Productions

- If you do not know the name of the Production, enter **TBA**.
- If you do not know actual show dates, please enter the **month** you expect the production to open.

Production #1	<input type="text"/>	Date:	<input type="text"/>	Check if Original
Production #2	<input type="text"/>	Date:	<input type="text"/>	Check if Original
Production #3:	<input type="text"/>	Date:	<input type="text"/>	Check if Original

SECTION FOUR: Personnel

1. A company must provide one person to serve as "**Liaison**". The Liaison serves as the point of all communication between the NHTA and the participating company. The Liaison also oversees the performance of the company's adjudicators and is responsible for the timely submission of all production information.
 - *Liaison are required to have attended training and can also serve as Adjudicators*

Please list the information of your NHTA Liaison

Liaison Name: Phone:

Liaison Email:

2. A company must provide people to serve as "**Adjudicators**". A company is required to provide a minimum of one (1) ACTIVE Adjudicator per each show submitted in Section Three above. There is no maximum number of adjudicators. Extra Adjudicators may be classified as INACTIVE. Inactive adjudicators may be activated at any time.
 - *Adjudicators are required to have attended training*

Please list the information of the people you expect to attend the Annual Training to be your Primary Adjudicators for this year.

		CHECK ONE ACTIVE or INACTIVE			
#1 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Name:	<input type="text"/>	Email:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need more space, please feel free to add additional page at the end of this form.

Submitted By:
(Name AND Title)

Date