



OPEN CALL
APPLICATION FORM 11th International Puppet Festival,
LUTKE 2012
(September 11th – 17th 2012)

Theatre Information		Required information (please fill in)		
1.	Name of Theatre			
2.	Country & Region			
3.	Postal Address			
4.	Contact Number			
5.	Theatre Director			
6.	Contact Person			
7.	E-mail address			
8.	WEB			
Performance Information				
Title of the show (original and English translation)				
Played by				
Director				
Art design				
Music by				
Date of premiere				
Duration of performance				
Suitable for performing outdoor (Yes/No)				
Suitable for audience of age (3+,... 7+ ...)				
Language				
Max. number of audience members				
Number of performers				
Total touring number (m / f)		M	F	
Means of travel				
Accommodation		Total	Single	Double
Costs (please specify)				
		TOTAL		



Material provided to Festival (in English)	
Video material (DVD)	_____ Yes / No _____
Short History of Theatre	_____ Yes / No _____
Resume of Show	_____ Yes / No _____
Technical Rider	_____ Yes / No _____
Member List	_____ Yes / No _____
Photos of Show (4 photos high quality)	_____ Yes / No _____
Other _____ (please specify)	

IMPORTANT: Please send information in English on the theatre, technical rider, a short description of the show, a DVD of the entire show, 4 high-quality photographs, reviews and promotional materials to your application. Uncomplete applications will not enter the selection. Please send completed applications and requested materials by March 2nd 2012 to the following address:

**Lutkovno gledališče Ljubljana, LUTKE
2012
Krekov trg 2
1000 Ljubljana
Slovenia**



Technical Requirements Checklist

(Please complete this form in English and reply by March 2nd, 2012)

Performance: _____

Company Information

Name of Company:			
Contact person:			
Telephone:		e-mail:	
		Web:	

Tentative Arrival Information

Arrival Date:	Departure Date:
Will you be travelling by your own bus/car? Please state a weight and length of the vehicle.	Reg. No:
	Weight and length:
Do you transport set by truck?	Name of the driver:
	Reg. No:
	Name of the driver:



Technical Description / Data

Stage Dimension (in meters)			Set-up Time:	Dismantling Time:
Optimal Width:	Optimal Depth:	Optimal Height:	(in hours)	(in hours)
Minimal Width:	Minimal Depth:	Minimal Height:		
Black Curtains: Yes / No	Gridiron: Yes / No	Electricity:	(Watts)	
			(AMP)	
Lights: Will the company bring its own lights? Please send the light map.		Request:		
Sound: Will the company bring its own sound? Please send the sound map.		Request:		
Total setting up (in hours): Other technical requirements: Video: Help with setting up?				



THEATRE MEMBER LIST

Theatre Name	Country	Performance Name	

No.	Surname, Given Name	Sex	Date of Birth D/M/Y	Passport No.	Date of Expiry	Position in the Group
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Single Room:		Double Room:			Total Stay: _____ nights	
Arrival Date:		Performance Date:			Departure Date:	

No .	Surname, Given Name	Sex	Date of Birth D/M/Y	Passpor t No.	Date of Expiry	Position in the Group
Special Food Request:						
Other Remarks:						

Date of application:

Authorized signature:
