

NOTICE



"Ishashalazi Women's Theatre Festival"

25-27 August 2017

CALL FOR 15-20MINS FEMALE ONLY THEATRE PRODUCTIONS WITH LESS THAN 5 ACTRESSES AND COMPELLING STORIES.

APPLICATION FORMS AVAILABLE BY CALLING THOBILE XIMBA AT 031 5046970 OR EMAIL: ADMIN@KCAP.CO.ZA

CLOSING DATE: 8 AUGUST 2017

ONLY SELECTED GROUPS TO BE CONTACTED! ALL SELECTED GROUPS TO ATTEND MASTERCLASS WORKSHOPS!

A REAL PLATFORM FOR COMMUNITY THEATRE GROUPS!

Rules of the Competition:

1. *Maximum of 5 performers on stage*
2. *Duration of up to 15-20mins*
3. *Can be in IsiZulu or English*
4. *No vulgar language on productions*
5. *Final selection is to the discretion of K-CAP*
6. *It is compulsory for all selected groups to attend Masterclass Workshops by industry experts*
7. *A production can be a pure drama, dance-drama, mime or musical*
8. *No professional actors required for this Festival*
9. *Festival is only a platform to showcase by community theatre groups*
10. *Directors are preferable female (mentor directors can be males)*
11. *Prizes to be determined by K-CAP and to be paid on K-CAP's final discretion according to its terms to winning groups*
12. *Any monetary payment only by discretion of K-CAP (this is non-negotiable)*
13. *Only groups that completed the application before the due date will be considered*
14. *K-CAP has a right to utilise any footage of the Festival for its marketing purposes*
15. *Winners are allowed to enter the Festival for only up to 3 occasions*
16. *Adjudication is independently selected by K-CAP and must have no association with any group*
17. *Forms can be emailed or faxed to K-CAP (initial each page)*
18. *By completing this form you agree to adhere fully to the rules of the festival.*

If agreeing to the rules of the competition please complete, sign and submit the official application form. No alteration allowed on the form.



Ishashalazi Festival 2017 Application Form:

Name of Theatre Group:

Name of Group Leader: *(to sign the form)*

Address: (area)

Tel:

Email:

Production Title:

Synopsis of Production: *(very important = clear outline of what's story about)*

Production Length: (maximum 15-20mins):

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Number of Performers:

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Characters:

1:

2:

3:

4:

5:

Production Director & Scriptwriter:

Director:

Scriptwriter:

Short Motivation for the Production: (*why it should be selected*)

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Declaration: *This confirms that information provided herein is correct, that the production will avail itself upon confirmation of its selection, confirm ownership of the project and will adhere fully to the rules of the Ishashalazi:*

Full Name: _____ Position: _____

Signature

Date

Acceptance by K-CAP: [Yes] [No]: _____ (Sign)

Date: _____

Please Note: K-CAP has the final say on the productions to be selected!