



4th UCSUR INTERNATIONAL THEATER FESTIVAL
For Cultural Diversity
Lima (Peru)
April 18th - 25th, 2009

REGISTRATION FORM

A. GENERAL INFORMATION

Name of the company or group

City and country of origin

University, Faculty or Institution mother (Only in the case)

Theatre company or group foundation's date

Responsible for coordination

Contact telephone :

E-mail:

B. ABOUT THE PLAY

Title

Author

Director:

Number of actors on stage

Duration of the play_____ Time assembling_____ : Time for disassembling_____

Summary of the argument (8 lines)

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C. TECHNICAL REQUIREMENTS

Light

Sound

Stage Set

D. INFORMATION ABOUT THE CAST

N°	LAST NAME, FIRST NAME	AGE	Passport number	Sex	RESPONSIBILITY in the Play
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

V°B°

signature of Director

Date: day / month / year ____/____/____