



Community Theatre Coalition

TO RECOGNIZE AND HONOUR EXCELLENCE IN COMMUNITY THEATRE

MEMBER CLUB REGISTRATION / INVOICE

PLEASE PRINT CLEARLY

Club Season 20__ – 20__

Theatre/venue address

Mailing address, if different

..... Postal Code

Reservations: Phone Email

Club President

Phone Email

Alternate club contact person

Phone Email

PLAYS TO BE VIEWED BY THE CTC NOMINATING COMMITTEE

(up to three Comedies/Dramas **PLUS** additional Musicals/Pantomimes up to a maximum of four submissions in total)

1. Run Dates

2. Run Dates

3. Run Dates

4. Run Dates

Number of productions ____ @ \$50.00 per production = \$ _____ total registration fee

Please mail completed form **with registration fee** to the CTC treasurer:

Barbara Wightman
Suite 314, 3098 Guildford Way
Coquitlam, BC V3B 7W8

and a **copy of the form or the information in it**, to:

Paddy Tennant, Nominating Committee Chair, at **misspaddy@telus.net** or mail to:
13310 62 Avenue
Surrey BC V3X 2J2

Questions? Problems? call Paddy at 604-507-2162