



**Student Design Competition APPLICATION**

\*NEW – Costume Technology  
 \*NEW – Technical Direction & Construction

Costume Design	Properties Design & Construction
Costume Crafts	Scenic Design
Lighting Design	Sound Design
Projection Design	

**Southeastern Theatre Conference, 69<sup>th</sup> Annual Convention  
 Mobile, AL March 7-11, 2018**

This completed form must be faxed to 336-272-8810 or emailed to [claire@setc.org](mailto:claire@setc.org) with complete payment information by 4:00 pm EST on Friday, February 9, 2018.

My design entry category will be:

**Undergraduate**

**Graduate**

Costume Crafts

Costume Design

Costume Technology

Lighting Design

Projection Design

Properties Design & Construction

Scenic Design

Sound Design

Technical Direction & Construction

*NOTE: You must be present at the critique to be eligible for awards.*

**Please enter this information:**

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Your School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

ENTRY: \_\_\_\_\_

My entry is:  Realized  Theoretical

I am already registered for the SETC Convention and am only paying the \$45 application fee.

I am NOT registered for the SETC Convention and understand that I must pay the \$230 onsite registration fee plus the \$45 application fee with the payment information below.

**STUDENT AND SPONSOR: Please SIGN here** to verify that the design is the original work of the student, and the student's school is an Institutional member of SETC (Students from schools that are not members are ineligible for design awards. Please contact the SETC Central Office for more information).

Student signature: \_\_\_\_\_

Student's design supervisor's signature \_\_\_\_\_

Email of supervisor: \_\_\_\_\_ Print name of supervisor: \_\_\_\_\_

<b>PAYMENT OPTIONS</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number: _____	Expiration: _____ / _____ Security Code: _____
Name on Card: _____	Signature: _____
Billing Address: _____	

Application and registration fees must be paid to SETC by  
**4:00pm EST Friday, February 9, 2018.**  
**Please fax or email this form to:** 336-272-8810 or [claire@setc.org](mailto:claire@setc.org)  
 You may also call 336-272-3645 to make payment.