

**Application form for participation**  
**24th edition of the National Experimental Theater Festival of Medenine**  
**April 11-18, 2020**

Country: .....

Name of the group / company: .....

Name of theatrical work: .....

Text of: .....

Director: .....

Head of the group / company: .....

Year of production: .....

Duration of the theatrical work: .....

Number of actors: number of technicians: .....

The requested space of show: .....

Technical requirements: .....

Address: .....

E-mail: .....

Phone Number: .....

Signature and stamp of the group leader

