



Middle Years Festival Script Verification Form

Date: _____

To:
Please complete the following:

I/We understand SDA’s Library holds a copy of
“ _____ ”
which I/we will be directing at Middle Years Festival and that SDA will provide this script to the clinicians, eliminating the need for me to forward a clean, original script.

The script I have is by:

NAME OF PLAYWRIGHT(S) (Please complete)**

COPYRIGHT DATE (Please complete)**

PUBLISHER (Please complete)**

If the script that SDA’s Library holds is the same as mine, I/we understand I am/we are still responsible for providing the Provincial Office, in consideration of the Middle Years Festival deadlines the following:

- **Proof of royalty payments and rights to perform**
- **Any changes made to the script and permission to make changes**
- **A completed Principal’s Permission form**
- **A completed Play Registration form**

Note: Small changes may be listed in a Microsoft word document and emailed or faxed to the Provincial office. Extensive changes must be marked on a photocopied script and mailed to the Provincial office so that it can be sent to the clinicians with the original script.

SCHOOL: _____

DIRECTOR(S): _____

SIGNATURE(S): _____