

5th Lalabala Kathmandu International Children's Theatre Festival 2025

Application Form

1. Group Information

Name of the Group: _____

Country: _____

Address: _____

Contact Person: _____

Phone/WhatsApp: _____

Email: _____

2. Performance Details

Title of Play: _____

Language of Performance: _____

Duration (40–60 minutes): _____

Target Age Group of Audience: _____

Brief Synopsis of Play: _____

(Attach additional sheet if necessary)

3. Group Members (Maximum 10 participants covered)

Name	Age	Role in Play
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4. Technical Requirements

Stage/Lighting/Sound Requirements: _____

Props or Special Requirements: _____

5. Travel Information

Expected Date of Arrival in Kathmandu: _____

Expected Date of Departure from Kathmandu: _____

6. Declaration

We hereby declare that the above information is correct to the best of our knowledge and we agree to abide by the festival rules and guidelines.

Authorized Signature: _____

Date: _____