

AACTFest Entry Information

T1

This form or a similar form from the festival must be completed and submitted to the festival chair prior to the stated deadline.

Festival Level		Festival Dates	Submitted by _____
State of _____	Region # _____	/ / _____	Theatre _____
		Month/Dates/Year	Submission Date _____

AACT Membership: Yes No **AACT #** _____

Theatre Information

Theatre Name _____

Contact Person _____ Position _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phones (O) _____ (C) _____ (H) _____

(F) _____ Email Address _____

Production Information

Production Name _____

Author/Composer Name(s) _____

Performance Rights Secured From _____

Estimated Set Up Time _____ Estimated Run Time _____ Estimated Strike Time _____

Entry/Production Representative

Entry/Production Representative Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phones (O) _____ (C) _____ (H) _____

(F) _____ Email Address _____

Technical Representative

Technical Representative Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phones (O) _____ (C) _____ (H) _____

(F) _____ Email Address _____