

AACTFest Affidavit of Actor Eligibility

T3

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

To be filled out by individual representing entering theatre company. ↴

THIS DOCUMENT **MUST** BE SENT TO THE APPLICABLE STATE AACTFest CHAIR NO LATER THAN TWO (2) WEEKS PRIOR TO THE FESTIVAL DATE.

To be filled out by actor and given to individual representing entering theatre company. ↴

I, _____, hereby certify that:

1. I am receiving no payment (direct or indirect) for my participation in AACTFest 2017 as a member of

_____ Theatre Company

in the production of _____ Production Title

2. I am not an active member of Actor's Equity or SAG/AFTRA at this time and will not become an active member of Actor's Equity or SAG/AFTRA as long as I am involved in an AACTFest 2017 production eligible for competition.

Signature

Print Name

Date