

AACTFest Entry/Information

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This form must be completed and returned to the festival chair prior to the stated deadline.

Festival Level		Festival Dates	Submitted by: _____
<input type="checkbox"/> State of _____	<input type="checkbox"/> Region # _____	/ / Month/Dates/Year	Theatre: _____
			Submission Date: _____

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

Theatre Information

Theatre Name _____
Contact Person _____ Position _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephones: (O) _____ (C) _____ (H) _____
(F) _____ E-mail Address _____

Production Information

Production Name _____
Author/Composer Name(s) _____

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

Entry/Production Representative

Entry/Production Representative Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephones: (O) _____ (C) _____ (H) _____
(F) _____ E-mail Address _____

Technical Representative

Technical Representative Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephones: (O) _____ (C) _____ (H) _____
(F) _____ E-mail Address _____