

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: <input type="checkbox"/> Yes <input type="checkbox"/> No AACT # _____
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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 _____