

# AACTFest Festival Information

**F**

Notify the AACT office as soon as the Festival Chair or the date of the festival is known. Submit this form even if incomplete, then notify the AACT office when further information is determined.

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

## Festival Information

Festival Name \_\_\_\_\_

Festival Chair \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephones: (O) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Festival Host Group \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephones: (O) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_ E-mail \_\_\_\_\_ Website \_\_\_\_\_

Festival Location (if different from host) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephones: (O) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_ E-mail \_\_\_\_\_ Website \_\_\_\_\_