

AACTFest Adjudicator Information

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Submit this form as soon as adjudicators are known. Please notify the AACT office if an adjudicator cancels or is replaced.
Help is available through the adjudication committee.

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

Adjudicator Information

Adjudicator Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephones: (O) _____ (C) _____

(H) _____ (F) _____

E-mail Address _____

Adjudicator Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephones: (O) _____ (C) _____

(H) _____ (F) _____

E-mail Address _____

Adjudicator Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephones: (O) _____ (C) _____

(H) _____ (F) _____

E-mail Address _____