

# AACTFest Entry Information

**T1**

This form or a similar form from the festival must be completed and submitted to the festival chair prior to the stated deadline.

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

<b>AACT Membership:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>AACT #</b> _____
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## Theatre Information

Theatre Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

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

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

Phones (O) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_ Email Address \_\_\_\_\_

## Production Information

Production Name \_\_\_\_\_

Author/Composer Name(s) \_\_\_\_\_

Performance Rights Secured From \_\_\_\_\_

Estimated Set Up Time \_\_\_\_\_ Estimated Run Time \_\_\_\_\_ Estimated Strike Time \_\_\_\_\_

## Entry/Production Representative

Entry/Production Representative Name \_\_\_\_\_

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

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

Phones (O) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_ Email Address \_\_\_\_\_

## Technical Representative

Technical Representative Name \_\_\_\_\_

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

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

Phones (O) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_ Email Address \_\_\_\_\_