

AACTFest Affidavit of Actor Eligibility

T3

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

To be filled out by individual representing entering theatre company. =

THIS DOCUMENT **MUST** BE SENT TO THE APPLICABLE STATE AACTFest CHAIR NO LATER THAN TWO (2) WEEKS PRIOR TO THE FESTIVAL DATE.

To be filled out by actor and given to individual representing entering theatre company. ?

I, _____, hereby certify that:

1. I am receiving no payment (direct or indirect) for my participation in AACTFest 2017 as a member of

_____ **Theatre Company** _____

in the production of _____ **Production Title** _____

2. I am not an active member of Actor's Equity or SAG/AFTRA at this time and will not become an active member of Actor's Equity or SAG/AFTRA as long as I am involved in an AACTFest 2017 production eligible for competition.

Signature

Print Name

Date