

AACTFest Affidavit of Actor Eligibility

D

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

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 2013 as a member of _____ Theatre Company in the production of _____ Production Title
2. I am not an active member of Actor's Equity at this time and will not become an active member of Actor's Equity as long as I am involved in an AACTFest 2013 production eligible for competition.

Signature

Print Name

Date