

# AACTFest Entry Information

Festival Level		Festival Dates	Submitted by: _____
State of MARYLAND	Region # 2	01 / 13-14 / 2017	Theatre: _____
		Month/Dates/Year	Submission Date: _____

AACT Membership:  Yes  No      AACT # \_\_\_\_\_

## 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 Setup Time \_\_\_\_\_ Estimated Run Time \_\_\_\_\_ Estimated Run 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 \_\_\_\_\_