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| **AACTFest Entry Information** |

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| --- | --- | --- |
| **Festival Level** | **Festival Dates** | Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Theatre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State ofMARYLAND | Region# 2 | 01 / 13-14 / 2017 |
| Month/Dates/Year |

**AACT Membership:**

 Yes

 No

**AACT #**

# Theatre Information

Theatre Name

Mailing Address

City

State

Zip Code

Contact Person

Position

Phones (O)

(

C

)

Email Address

(

H

)

(

F

)

# Production Information

Production Name

Author/Composer Name(s)

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

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

# Entry/Production Representative

City

Mailing Address

State

Zip Code

Entry/Production Representative Name

Phones (O)

(

C

)

Email Address

(

H

)

(

F

)

# Technical Representative

City

Mailing Address

State

Zip Code

Technical Representative Name

Phones (O)

(

C

)

Email Address

(

H

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F

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