|  |
| --- |
| **AACTFest Entry Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Festival Level** | | **Festival Dates** | Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Theatre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State of  MARYLAND | 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

)

(

F

)