



West Virginia Theatre Association

2016 COMMUNITY THEATRE FESTIVAL ENTRY FORM

Please attach a mailing list of participant names and addresses. Include cast, crew, director, etc.

Organization: _____ Contact Person: _____

Mailing Addresses: _____

City / State / Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Company website: _____

Joining at the levels below includes all membership dues, registration fees and admission to all festivals, events, workshops and entertainment at the WVTA Annual Festival at WV Wesleyan in Buckhanon, WV November 4-5, 2016.

I am a new member. I am renewing my membership. I'm attaching a mailing list of our participants (include email)

_____ Organization Membership	\$30.00
_____ Festival Entry Fee	\$40.00
_____ Number participants (director, cast, crew, etc.)	\$ 10.00 person

Make Checks payable to West Virginia Theatre Association.

Total Due by October 22, 2016 \$ _____

Name of play: _____

(Please attach a copy of the script or cutting to this entry form. It will be returned to you at the festival.)

Playwright: _____

Performance rights from (e.g., Samuel French, Dramatists, etc.): _____

Please attach a mailing list of participant names and addresses. Include cast, crew, director, etc.

Make checks payable to **West Virginia Theatre Association.**

Mail this form with the necessary attachments and payment to:

**Vickie Trickett, Community Theatre Festival Chair
West Virginia Theatre Association
c/o 722 Brookhaven Road, Morgantown, WV 26508**

Questions? Call at 304-288-9917 or email vtrickett@outlook.com

AACTFest Entry Information

T1

This form or a similar form from the festival must be completed and submitted to the festival chair prior to the stated deadline.

Festival Level		Festival Dates	Submitted by _____
State of _____	Region # _____	/ / _____	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 Set Up Time _____ Estimated Run Time _____ Estimated Strike 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 _____

AACTFest Warranty of Company Compliance

T2

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

This representation is a guarantee to the American Association of Community Theatre (hereinafter AACT) and festival host(s)

by _____ (hereinafter Theatre),

- a(n) nonprofit corporation
 unincorporated organization
 other

whose legal notice mailing address is:

c/o Name _____

Address _____

City _____ State _____ Zip _____

as and for partial consideration for the entry of its production in the 2017 AACTFest for the

State of _____ Region Number _____

The Theatre hereby warrants that:

it has secured performance rights and paid royalties for this production to the licensing agency listed below, and, if needed, has secured written permission to cut the script. _____ initial

it has obtained all necessary music rights, and rights for art, photographic (still, movie, video), visual, and any others that may be utilized in the production, that are not in the public domain, and holds AACT, its agents, employees, and subcontractors harmless and free from all financial responsibilities connected with the production and the acquisition of rights. _____ initial

Licensing agency (ex: Samuel French) _____

Website _____

If agency is an individual or not well known:

Address _____

City/State/Zip _____

Phone _____

In Witness whereof, the Theatre, by one of its officers, executes this Warranty under the express, formal authority of the Theatre's governing board, on the _____ day of _____, 20__.

Theatre Name

Signature

Type or Print Name, Title

AACTFest Affidavit of Actor Eligibility

T3

Festival Level		Festival Dates	Submitted by _____ Theatre _____ Submission Date _____
State of _____	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 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

AACTFest Technical Information

T4a

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

Technical Representative

Technical Representative Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phones: (O) _____ (C) _____ (H) _____

(F) _____ Email Address _____

Production Information

Production Name _____

Estimated Set Up Time _____ Estimated Run Time _____ Estimated Strike Time _____

Number of headsets needed and their locations _____

Cast Size: Male _____ Female _____

Technical Requirements

Lighting Needs -- Please detail any specials you intend to use including instrument type, preferred hang location, approximate focus location, and whether you will be providing it (them) or if you would like festival host to. Please note any equipment you plan to bring.

Followspots needed ▶ None One Two

Sound Needs -- Please detail any equipment you will need such as cassette deck(s), CD player(s), off-stage microphone(s), etc. Please note any equipment you plan to bring.

(continued on T4b)

Set Specifications -- Please detail any soft goods needed including trim and opening. Please attach a floor plan and sectional view of your set if available.

Fly Space Requirements -- Please detail the number of fly lines you want. Include your preferred location, their intended use, and the approximate load weight.

Special Equipment/Needs -- Please detail any special effects equipment you may be bringing (especially those involving smoke, fog, or combustible material).

Other Special Considerations -- Please note if your production uses firearms or other weapons (real or simulated) or uses any type of open flame (including matches, candles, etc.).

Any equipment not approved by the Festival Technical Director, prior to your arrival, may be prohibited from use in the theatre.

Personnel Requirements

Please mark your personnel requirements on the grid below. Note that due to contractual agreements in some theatres, certain positions may have to be staffed by house personnel.

Light Board Operator	<input type="checkbox"/> Not Needed	<input type="checkbox"/> We will provide	<input type="checkbox"/> Please provide for us
Follow Spot Operator #1	<input type="checkbox"/> Not Needed	<input type="checkbox"/> We will provide	<input type="checkbox"/> Please provide for us
Follow Spot Operator #2	<input type="checkbox"/> Not Needed	<input type="checkbox"/> We will provide	<input type="checkbox"/> Please provide for us
Sound Board Operator	<input type="checkbox"/> Not Needed	<input type="checkbox"/> We will provide	<input type="checkbox"/> Please provide for us
Fly Line Operator	<input type="checkbox"/> Not Needed	<input type="checkbox"/> We will provide	<input type="checkbox"/> Please provide for us