

AACTFest 2027 Affidavit of Actor Eligibility

T3

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

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:

I am not a member of Actor's Equity or SAG/AFTRA at this time, have not been granted inactive status for the duration of this production by either organization, and will not become a member of Actor's Equity or SAG/AFTRA as long as I am involved in an AACTFest 2027 production eligible for competition.

Signature

Print Name

Date