

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