

ACT-CO FESTIVAL

ENTRY FORM – DEADLINE: MONDAY, SEPTEMBER 10, 2018

GROUP NAME: _____

CONTACT PERSON: _____

CONTACT TELEPHONE: _____

(This must be a direct telephone number to reach the Contact Person and not a general theatre voice mailbox)

CONTACT EMAIL: _____

(This must be a direct email to reach the Contact Person and not a general theatre email)

BOX OFFICE TELEPHONE: _____

VENUE NAME: _____

VENUE ADDRESS: _____

(You must include a legible map with your application)

EST. AUDIENCE SIZE: _____ seats

EMERGENCY TELEPHONE NUMBER FOR ADJUDICATION NIGHT: _____

WHAT NUMBER IS THIS?: _____

(Theatre Number, Member's Cell Number)

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1. Enclosed is our ACT-CO Festival entry fee. We agree that after our entry has been confirmed, no refunds will be issued.
 2. We confirm that our ACT-CO Membership fee has been sent to the Membership Coordinator. (If your membership is not paid by festival entry deadline your application will not be accepted.)
 3. We acknowledge receipt of the **ACT-CO FESTIVAL APPLICATION INFORMATION** sheet and agree to abide by the terms and conditions therein.

We, _____ and _____ being officers of the Group sign as acceptance of conditions listed herein.

(SIGNATURE)

(SIGNATURE)

(POSITION)

(POSITION)

(DATE)

(DATE)

APPLICATION CHECKLIST

- Entry Form Entry Fee Map to theatre / location of private adjudication Scripts or Libretto

The entry deadline is **Monday, September 10, 2018 at 6:00pm**

**Return Completed Form to:
ACT-CO Festival Chair, 37 Rutledge Avenue, Newmarket, ON L3Y 5T5**

ENTRY #1: PRODUCTION NAME: _____

AUTHOR: _____ PUBLIC ADJUDICATION? YES / NO

CATEGORY (circle one): COMEDY DRAMA MUSICAL

PRODUCTION DATES: Opens _____ Closes _____

PREFERRED ADJUDICATION DATES:

First Choice: Date _____ Curtain Time _____

Second Choice: Date _____ Curtain Time _____

Third Choice: Date _____ Curtain Time _____

The PRIVATE ADJUDICATION will take place at the same location as the Public Adjudication.

Yes _____ No _____ If NO, state location: _____

ENTRY #2: PRODUCTION NAME: _____

AUTHOR: _____ PUBLIC ADJUDICATION? YES / NO

CATEGORY (circle one): COMEDY DRAMA MUSICAL

PRODUCTION DATES: Opens _____ Closes _____

PREFERRED ADJUDICATION DATES:

First Choice: Date _____ Curtain Time _____

Second Choice: Date _____ Curtain Time _____

Third Choice: Date _____ Curtain Time _____

The PRIVATE ADJUDICATION will take place at the same location as the Public Adjudication.

Yes _____ No _____ If NO, state location: _____

ENTRY #3: PRODUCTION NAME: _____

AUTHOR: _____ PUBLIC ADJUDICATION? YES / NO

CATEGORY (circle one): COMEDY DRAMA MUSICAL

PRODUCTION DATES: Opens _____ Closes _____

PREFERRED ADJUDICATION DATES:

First Choice: Date _____ Curtain Time _____

Second Choice: Date _____ Curtain Time _____

Third Choice: Date _____ Curtain Time _____

The PRIVATE ADJUDICATION will take place at the same location as the Public Adjudication.

Yes _____ No _____ If NO, state location: _____

FEE CALCULATION: Number of entries _____ X \$325.00 = _____ = TOTAL FEE: _____
(included with entry) [+ LATE CHARGES _____ (if they apply \$100.00/entry)]

**Return Completed Form to:
ACT-CO Festival Chair, 37 Rutledge Avenue, Newmarket, ON L3Y 5T5**