

PACTFest 2007 Affidavit of Actor Eligibility

Festival Level	Festival Dates	Submitted by: <u>Individual Name</u>
State - PA	03/23-25/2007	Submitted by: <u>Theatre Name</u>
		Submission Date: <u>MM/DD/YEAR</u>

*THIS DOCUMENT **MUST** BE RETURNED TO THE STATE FESTIVAL CHAIRPERSON
NO LATER THAN TWO (2) WEEKS PRIOR TO THE FESTIVAL DATE.*

To be filled out and sent by individual representing entering theatre company ↑

To be filled out by the actor and given to the individual representing entering theatre company ↓

I, Actor's Name hereby certify that:

1. I am receiving no payment (direct or indirect) for my participation in AACTFest 2007 as a member of Theatre Company in the production of Production Title.
2. I am not an active member of Actor's Equity at this time and will not become a member of Actor's Equity so long as I am involved in an AACTFest 2007 production eligible for competition.
3. I will not have earned more than twenty-five percent (25%) of a living wage as income from work as an actor in **live** performances for the year preceding the first day of the applicable state AACTFest.

Signature

Print Name

Date