

# 38<sup>th</sup> Annual NHCTA Festival Entry Information

This form must be completed and returned to state festival chair prior to deadline, June 30, 2009.

Mail Non-refundable entry fee of \$100 to:

NHCTA FESTIVAL: c/o The Majestic Theatre, 281 Cartier Street, Manchester NH 03102

## **THEATER INFORMATION**

AACT Membership Number: \_\_\_\_\_

Organizational membership in AACT is required to compete at Regional and National levels.

Theater Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## **PRODUCTION INFORMATION**

Production Name: \_\_\_\_\_

Author/Composer Name(s): \_\_\_\_\_

Estimated Set-Up Time: \_\_\_\_\_ Estimated Run Time: \_\_\_\_\_ Estimated Strike Time: \_\_\_\_\_

## **ENTRY PRODUCTION REPRESENTATIVE**

Entry Production Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## **TECHNICAL REPRESENTATIVE**

Technical Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Other Phone: \_\_\_\_\_