

39th Annual NHCTA Festival Entry Information

INFORMATION IN RED MUST BE FILLED OUT AND E-MAILED to

mariah@nhcommunitytheatre.org BY JUNE 30, 2010!

Mail Non-refundable entry fee of \$100 to NHCTA: PO Box 1036, Concord, NH 03302-1036 or bring the check to the site visit (July 31, 2010)

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: _____