

# AACTFest 2025 Affidavit of Actor Eligibility

# T3

Festival Level		Festival Dates	Submitted by _____ Theatre _____ Submission Date _____
State of _____	Region # _____	Month/Dates/Year _____	

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.

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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 2025 production eligible for competition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date