

ESTAFest/Original Works Affidavit of Actor Eligibility

Festival Level	Festival Dates	Submitted by: _____ Individual Name _____
Region # II	04/19-22/2012	Submitted by: _____ Theatre Name _____
		Submission Date: _____ MM/DD/YEAR _____

THIS DOCUMENT SHOULD BE RETURNED TO THE REGIONAL FESTIVAL CHAIRPERSON NO LATER THAN TWO (2) WEEKS PRIOR TO THE FESTIVAL DATE AND MUST BE RECEIVED AT TECH-IN IN ORDER TO PARTICIPATE.

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 ESTAFest/Original Works Festival as a member of:
Theatre Company:
In the Production of:
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 ESTAFest/Original Works Festival 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 and ESTAFest/Original Works Festival.

Signature

Print Name

Date