



TENNESSEE THEATRE ASSOCIATION
2017 COMMUNITY THEATRE FESTIVAL APPLICATION FORM

Organization: _____

Contact Name: _____
Last First MI

Mailing Address: _____
Street City Zip

Phone Nos. _____
List phone numbers in the order you wish to be contacted. Please include a fax number.

E-Mail _____

TTA ORGANIZATIONAL MEMBERSHIP (required for Festival Participation) & FESTIVAL PARTICIPATION FEE = \$ 130.00

Includes membership and full conference participation for contact name listed above. Festival participation fees and full conference attendance for 8 members of cast/crew (not TTA membership). List name of ALL cast and crew below, if there is more than 8, please attach an additional sheet. Remember to pay for each extra cast/crew member after 8. Complete separate General Membership Form if any cast/crew wish to become a TTA member

Individual Festival Participation Fee: \$20 each x Quantity _____ = \$ _____

Applies to each member of cast / crew after the first 8 participants. Includes full conference attendance. Complete separate General Membership Form for any cast/crew to become a TTA Member

Additional Fees (as may be required):

AACT-Fest State Level Entry Fee (required during AACTFest)
In form of separate check made payable to AACT
Contact Festival Chair for amount

Other Convention Fees (Optional)

Business Luncheon # _____ @ \$15 each
Awards Meal # _____ @ \$15 each

Subtotal of Optional Fees = \$ _____

TOTAL FESTIVAL FEES = \$ _____

Include all additional required festival and auditionee information forms with this application
Pick up your conference packet/badges at main desk on site. See schedule for Festival times and locations.
To become a member of TTA, please fill out a separate General Membership Form

Please make checks payable to THE TENNESSEE THEATRE ASSOCIATION

Send checks and all forms to the following Festival Chairs
Chad McDonald (AACT-Fest) Name (Secondary Festival)
cbm@cookeville-tn.gov email
PO Box 998--Cookeville, TN 38503 mailing address