

ESTAFest10/Original Works Affidavit of Actor Eligibility

Festival Level	Festival Dates	Submitted by: _____ <i>Individual Name</i>
Region # II	05/7-9/2010	Submitted by: _____ <i>Theatre Name</i>
		Submission Date: _____ <i>MM/DD/YEAR</i>

*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 ESTAFest10/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 ESTAFest10/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 ESTAFest10/Original Works Festival.

Signature

Print Name

Date