



## Mississippi Theatre Association Annual Festival

September 13, 2004

### Dear Community Theatre:

On behalf of the Mississippi Theatre Association, I am delighted to let you know that the Community Theatre Division for MTA is going to be very exciting again this year. The 2005 festival will be held at the Meridian Community College Theatre during the weekend of January 14-16, 2005 and hosted by Meridian Community College and the Mississippi State University Meridian Campus.

Please find enclosed the individual registration form, organizational registration form and the MTA Festival Technical Questionnaire. **Please note the deadline dates at the top of the Individual and Organizational Registration Forms.** Order of performance will be determined on the order in which the forms are returned. The director will be notified of the order and time of performance at a later date. Rather than making copies of the MTA Guidelines for Adjudication and the MTA Community Theatre Festival Rules, we have put these on the MTA web site for your convenience. Please carefully review this information. The information can be found at the following URL: <http://www.mta-online.org/divisions/community.htm>. More specific information about the acting space, lighting plots, location of curtains, and a description of the theatre has been posted on the MTA 2005 Festival Web site. Please check the MTA web site for this information (<http://www.mta-online.org>).

Since this is an AACTFest year (American Association of Community Theatre), please read the AACTFest Handbook which can be downloaded from this site: <http://www.aact.org/aactfest/handbook.html>. MTA rules and regulations were created using the AACTFest rules and regulations; therefore, you should find no discrepancies between the two documents. However, during an AACTFest year we are required to require you to read this Handbook. We are also required to have you sign and return to us some additional forms. These are required for your participation by AACT. The forms should be the last three pages of this document.

The Community Theatre Division is continuing to grow and become one of the best divisions in the organization. We want to encourage each of you to participate in the Mississippi Theatre Association's annual festival either by bringing an entry *or attending as a viewer*. This will be a fun filled weekend with performances from community theatres, nine (9) high schools and children's theatres as well as workshops and plenty of time for networking.

I look forward to seeing you in Meridian in January. If you need to contact me, please feel free to do so via one of the many ways listed below.

**Thanks,**

Stacy Howell, Divisional Chair- Community Theatre  
295 Woodrun Drive  
Ridgeland, MS 39157  
[stacy@apt101.com](mailto:stacy@apt101.com)  
(601) 853-4654 (h)

### **Hotel Information**

---

Below are the festival hotels. The festival rates are good until January 1, 2005. Ask for the MTA rate when making reservations.

#### **Holiday Inn**

Rate: \$75.00  
111 US Highway 11 & 80  
Meridian, MS 39305  
Phone: (601) 485-5101  
Fax: (601) 693-2497  
Toll Free: 1-888-568-3963

---

#### **Hampton Inn**

Rate: \$85.00  
103 US Hwy 11 & 80  
Meridian, MS 39302  
Phone (601) 483-3000  
FAX (601) 693-2466

---

### **Other Festival Contacts:**

Ronnie Miller Festival Chair (601) 484-8666 Work (601) 483-7676 Home <a href="mailto:rmiller@mcc.cc.ms.us">rmiller@mcc.cc.ms.us</a>	Stephen Cunetto Executive Director (662) 323-1097 Home (662) 325-8542 Work <a href="mailto:Scunetto@library.msstate.edu">Scunetto@library.msstate.edu</a>	Tonya Hays President, MTA (228) 897-6039 Work (228) 896-8233 Home <a href="mailto:tshays777@aol.com">tshays777@aol.com</a>
---	---	--

C: Tonya Hays, Stephen Cunetto



### Community Theatre Organizational Registration Form

You must submit this form and your organizational festival fees by **December 15, 2004** to be eligible to enter this year's festival.

Theatre Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Theatre Phone: \_\_\_\_\_ Theatre Website: \_\_\_\_\_

Production Director: \_\_\_\_\_ Director's Daytime Phone: \_\_\_\_\_

Director's Evening Phone: \_\_\_\_\_ Director's E-Mail Address: \_\_\_\_\_

Director's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approximate Number of People in Cast and Crew? \_\_\_\_\_

**Please supply the following information about your production:**

Title of Presentation: \_\_\_\_\_

Author: \_\_\_\_\_ Publisher/Royalty Agent: \_\_\_\_\_

1. If your production must be edited to conform to festival production length requirements, you must obtain written permission from the publisher/royalty agent to perform in the festival. Attach proof of permission to this form.
2. In order to perform in the festival you must attach a copy of the paid royalty to this form.
3. In addition to the above information, 3 scripts of your production **as it is to be performed** must be submitted. **PHOTOCOPIES ARE UNACCEPTABLE UNLESS IT IS AN ORIGINAL SCRIPT** and/or not available in any other form (i.e., out of print, or rented materials) but the permission must then so state.
4. Copy of the organization's charter and/or organization's bylaws.
5. Proof that the organization is a not-for-profit organization.

<b>Organizational Registration Fees Include:</b>	<b>Please make check payable to MTA Festival 2005. Mail the check along with this form to:</b>
MTA Annual Dues                    25.00 MTA Festival Registration        25.00 AACT Membership Dues            40.00 (not applicable if you are already an Organizational member of AACT)	Stacy Howell, Divisional Chair- Community Theatre 295 Woodrun Drive Ridgeland, MS 39157 <a href="mailto:stacy@apt101.com">stacy@apt101.com</a> (601) 853-4654 (h)
<b>Total Due for Organizational Fees: \$90.00</b>	



**Mississippi Theatre Association  
Annual Festival  
Individual Registration Form**



Use a separate form for each person registering, include all students, actors, technicians, etc.  
You must submit this form by **December 15, 2004.**

Duplicate as necessary

Name: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Theatre or School Affiliation:** \_\_\_\_\_

Indicate 1st and 2nd divisional choice:

\_\_\_\_\_ Secondary School Theatre      \_\_\_\_\_ Professional Theatre  
 \_\_\_\_\_ College/University Theatre      \_\_\_\_\_ Children's Theatre  
 \_\_\_\_\_ Community Theatre      \_\_\_\_\_ Other

1. Everyone participating in the festival must be a current member of MTA. Please pay individual dues at this time.  
 \_\_\_ Individual: \$20.00    \_\_\_ College Student: \$5.00    \_\_\_ High School Student: \$5.00      \$ \_\_\_\_\_

2. Everyone participating in the festival must enter the festival by paying a festival fee. Festival fee includes the following: free admission to 12 productions, social function on Friday and Saturday nights, breakfast and the awards ceremony.  
 (Add \$5.00 for On Site registration / Late registration):  
 \_\_\_ Individual: \$25.00    \_\_\_ College Student: \$20.00    \_\_\_ High School Student: \$20.00      \$ \_\_\_\_\_

3. Please indicate below if you wish to purchase a T-Shirt. **T-Shirts must be pre-paid.**  
 T-Shirt \$10.00    Quantity: \_\_\_\_\_    Size: (L, XL, XXL) \_\_\_\_\_      \$ \_\_\_\_\_

**Total Amount Due (Total of Lines 1-3) \$ \_\_\_\_\_**

Please make check payable to **MTA Festival**, and mail this form along with the check to:

**Please make check payable to MTA Festival 2005.  
Mail the check along with this form to:**

Stacy Howell, Divisional Chair- Community Theatre  
 295 Woodrun Drive  
 Ridgeland, MS 39157  
[stacy@apt101.com](mailto:stacy@apt101.com)  
 (601) 853-4654 (h)

# MTA Festival Technical Questionnaire

## Technical Coordinator Information

This must be the one person who can speak for the company. This person must also serve in this capacity at the festival(s).

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (office) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Production Information

Production Name \_\_\_\_\_

Estimated Set Up Time \_\_\_\_\_ Estimated Run Time \_\_\_\_\_ Estimated Strike Time \_\_\_\_\_

Number of headsets needed and their location \_\_\_\_\_

Number of Cast Members: Male \_\_\_\_\_ Female \_\_\_\_\_

## Technical Requirements

Please feel free to attach any documents that could be helpful

Lighting Needs -- Refer to the list of available lighting on the "Host Site Technical Information Sheet". Please detail any specials you intend to use including instrument type, preferred hang location, approximate focus location and whether you will be providing all needed for the special. Please list any equipment you plan to bring on the reverse side under a heading "Special Equipment and/or Needs."

Follow spot needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Sound Needs -- Refer to the list of available sound equipment on the "Host Site Technical Information Sheet". List any sound equipment you plan to bring on the reverse side under a heading of "Special Equipment and/or Needs."

## Personnel Requirements

After reviewing the "Host Site Technical Information Sheet", please indicate below if you feel "host" assistance will be needed for operation of any of the available equipment.

---

Dimmer Board Yes \_\_\_\_\_ No \_\_\_\_\_ Follow Spot Yes \_\_\_\_\_ No \_\_\_\_\_ Sound Board Yes \_\_\_\_\_ No \_\_\_\_\_

# AACTFest Affidavit of Actor Eligibility

THIS DOCUMENT **MUST** BE RETURNED TO THE MTA  
DIVISION CHAIR NO LATER THAN TWO (2) WEEKS PRIOR TO THE  
.FESTIVAL.

I \_\_\_\_\_ hereby certify that:

1. I am receiving no payment (direct or indirect) for my participation in festival.
2. I am not an active member of Actor's Equity at this time and will not become an active member of Actor's Equity so long as I am involved in an AACTFest 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 AACTFest (MTA) Festival).

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Theatre Company

\_\_\_\_\_  
Date

# AACTFest Warranty of Company Compliance

This Warranty is guaranteed to the American Association of Community Theatre (hereinafter AACT)

by \_\_\_\_\_ (hereinafter Theatre),

a(n)  non-profit corporation whose legal notice mailing address is:

unincorporated association

c/o Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

as and for partial consideration for the entry of its production in the 200\_\_ AACTFest for the

State of \_\_\_\_\_  Region Number \_\_\_\_\_  National

The Theatre hereby warrants that:

its production is in public domain

***or***

it has secured all rights to present its production as performed as part of the AACTFest described above. These rights to perform \_\_\_\_\_

were secured from \_\_\_\_\_

The Theatre fully understands and acknowledges that AACT refuses to accept for performance any excerpt without the prior, full knowledge and consent of the owner or appropriate agent for owner of the rights to the performed material and/or including royalty for incidental music if used. Therefore, the Theatre, for itself, its directors, agents, officers, successors and assigns, hereby shall indemnify, warrant, defend and save AACT, its directors, agents, officers, employees, representatives, successors and assigns, harmless from any liability in tort, contract, equity or other theory of recovery, for damages, attorney fees, court costs or other expense or remedy, which may be caused by the presentation and performance or the Theatre's excerpt in the AACTFest.

In Witness whereof, the Theatre, by one of its officers, executes this Warranty under the express, formal authority of the Theatre's governing board, on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Theatre Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name/Title

# AACTFest Handbook Acknowledgement

We acknowledge that our group has received and read the AACTFest Handbook for current festival cycle. In addition, it is understood that deviations from the procedures in the AACTFest Handbook may be considered grounds for disqualification.

_____	Theatre Company
_____	Signature of group contact
_____	Print Name
_____	Date
_____	Signature of director
_____	Print Name
_____	Date
_____	Signature of technical contact
_____	Print Name
_____	Date

All three signatures are required

Copies of the AACTFest handbook are available from the AACT office:

American Association of Community Theatre  
8402 BriarWood Circle  
Lago Vista, TX 78645  
Phone: 512-267-0711  
Toll Free: 866-687-2228  
Fax: 512-267-0712  
E-mail: [info@aacct.org](mailto:info@aacct.org)

or can be downloaded from the AACT web site at [www.aact.org](http://www.aact.org)