**Association of Community Theatres of Manitoba**

 **41st Annual ACTFest - May 1, 2, 3, 2020**

 **Hosted by the Shoestring Players**

 **Individual Registration Form**

* **ALL Cast and Crew members in a Registered Play must be listed on this form. Please list Cast & Crew members first before you list other participants. Please submit this form with the Play / Technical Registration form. Ensure that payment in full accompanies your submission.**
* **Please use checkmarks to tell us if attending the Friday Evening Reception. Registration Fees, Saturday/Sunday Lunch and Banquet/Dance prices are listed on the form.**
* **Kindly indicate any special dietary needs at the bottom of the page.**

**THEATRE GROUP / NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name** (please print) | **Phone Number** | **Registration Fees** (required for **ALL** attendees)CODEE: Before Mar. 15D: Deadline Apr. 1 | **Fri. Eve. Recep.** | **Fri. Eve. Recep. If not paying Registration Fee** | **Saturday Lunch** | **Sunday Lunch** | **Banquet / Dance** | **TOTAL** |
| Name | ###-#### | Member: E $25 / D $30 Non-Member E: $30 / D: $35 | √ | $15.00 | $15.00 | $15.00 | $35.00 | $$$ |
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(If more space is needed please print another form.)

**Special Dietary Needs:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make cheques payable to: ACTFest 2020**

**Please return all forms by April 1, 2020 to: ACTFest Registration**

 **c/o Paulette Rochon, 208 - 697 St. Anne’s Rd., Wpg., MB R2N 3Y8**

**For Information Please Contact: Sharon Hamilton @ 204-295-1264 or** **shamilto64@gmail.com**