



Theatre Group Participation Registration

Goup Name: _____
 Group Address: _____
 Goup Website: _____
 Main Contact Name: _____
 Contact Email: _____
 Contact Phone#: _____

Director's Name: _____
 Show and Royalty House: _____
 Approximate length: _____
 Number of Cast*: _____
 Number of Tech*: _____

*Note - separate registrations are required for each

*There will be a \$10 fee collected by the venue for the use of a follow spot
 AACT membership is required (visit AACT.org if not currently a member)*

Venue
 Southern Door Community Auditorium
 2073 County Rd DK
 Brussels, WI

Lodging
 The Lodge at Leathem Smith
 1640 Memorial Dr, Sturgeon Bay Wi
 Ph: 920-743-5555
 WACT Block, \$129/night

Cost of Participation

WACT Member? (required)

a) Yes, no additional cost	
b) No, add \$50 to become a member	>>>>>> _____
c) Participation Fee	_____ 150
d) Spotlight Fee, add \$10 if applicable	>>>>>> _____
Total Cost of Group Registration (a + b + c + d)	_____

Send form and payment to (checks written to WACT):

Frank Peot
 1747 Pennsylvania Avenue

Questions, call Frank Peot
 608-852-4387

Sun Prairie, WI 53590

Individual Registration for _____ theatre group

Name	_____
Address	_____ _____
Email	_____
Phone #	_____
WACT Membership (required) add \$15 if not a member	
Registration	_____ \$120
Total for Individual	_____
Name	_____
Address	_____ _____
Email	_____
Phone #	_____
WACT Membership (required) add \$15 if not a member	
Registration	_____ \$120
Total for Individual	_____
Name	_____
Address	_____ _____
Email	_____
Phone #	_____
WACT Membership (required) add \$15 if not a member	
Registration	_____ \$120
Total for Individual	_____
Name	_____
Address	_____ _____
Email	_____
Phone #	_____
WACT Membership (required) add \$15 if not a member	
Registration	_____ \$120
Total for Individual	_____

Grand Total

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