

ACTRA PERFORMER CONTRACT

For Student Productions

Educational Institution: **(INSERT NAME OF SCHOOL)**

Registration #: _____

Student Producer Name: _____

Address: _____

Telephone Number: _____ Email: _____

Contracts with:
Performer Name: _____

Address: _____

Telephone #: _____ Email: _____

Name of Guardian, if minor: _____

Social Insurance Number: _____

ACTRA Number and HST #, if applicable: _____

To perform the Role of : _____

Performance Category: _____

In the production entitled: _____

On the following date(s): _____

This agreement is subject to the terms and conditions of the Student Agreement between ACTRA and (INSERT NAME OF SCHOOL) dated _____ 2022 _____.

The parties to this agreement warrant that they have familiarized themselves with the provisions of the Student Agreement and are bound by its terms.

(Signature of performer)

(Signature of producer)

(Please print name)

(Please print name)

(Date)

(Date)