



ACTRA PERFORMER CONTRACT

For Student Productions

Educational Institution: _____ Registration #: _____

(INSERT NAME OF SCHOOL)

Student Producer Name: _____

Address: _____

Telephone Number: _____ Email: _____

Contracts with:
Performer Name: _____

Address: _____

Telephone #: _____ Email: _____

Name of Guardian, if minor: _____

ACTRA Member No: _____

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)
for 2025-2027. 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)