

# 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: \_\_\_\_\_

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) for 2022-2024. 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)