



**TROY ★ CIVIC  
THEATRE COMPANY**

PO Box 1553, Troy NY 12180-1553

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(518) 271-TCTC (8282)

www.troycivic.org

**Show Submission Form – 2013-2014 Season**

*Due by February 1<sup>st</sup>, 2013.*

DIRECTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Submissions may be sent by email to [shows@troycivic.org](mailto:shows@troycivic.org) or by postal mail to:

Troy Civic Theatre Company,  
Attn: Managing Artistic Director  
PO Box 1553  
Troy, NY 12180

Please attach a current theatrical resume and a list of any major conflicts for consideration at the time of application. Major conflicts are considered to be any commitments that would have an effect on season and performance scheduling, *e.g.* vacations in excess of five days, seasonal work requirements, etc.

Show Submissions (*Please submit a separate show information form for each submission.*):

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

**If you should have any questions, please contact:  
Michael J. Ciaravella, Managing Artistic Director  
Troy Civic Theatre Company, PO Box 1553, Troy, NY 12180  
Phone: 518-256-7780 Email: [mciaravella@troycivic.org](mailto:mciaravella@troycivic.org)**



*That's the Ticket!*

SHOW INFORMATION FORM

DIRECTOR NAME: \_\_\_\_\_

SHOW NAME: \_\_\_\_\_

AUTHOR: \_\_\_\_\_ LICENSING COMPANY: \_\_\_\_\_

SHOW TYPE: \_\_\_\_\_

PREFERRED TIMEFRAME - Spring, summer, fall, winter (if any): \_\_\_\_\_

VENUE REQUESTED: \_\_\_\_\_

CAST SIZE: \_\_\_ Male Principals \_\_\_ Female Principals \_\_\_ Chorus

CONCEPT INFORMATION: Please take this space to elaborate upon your vision and highlight any special production concerns or requests for this production. The Show Selection Committee may contact you for further information. Attach additional pages if necessary.

Are any production team members already tentatively attached to the project?      YES      NO  
If yes, please enter their names and desired positions below: