SLOC MUSICAL THEATER

Show Submission 2017-18 Season www.sloctheater.org

SHOW SUBMISSION FORM Submission deadline – DECEMBER 9 by 6:00 PM

Name
Phone numbers - Home Cell
Address
E-mail Address
Fax Number
Please select all that apply
☐ I am interested in directing for the 2017-18 season ☐ I am not interested in directing for the 2017-18 season ☐ Please retain my name on the Director List for future seasons ☐ Please remove my name from the Director List for future seasons ☐ If not chosen to direct, I would be willing to work as an Asst. Director ☐ If not chosen to direct, I would be willing to work in another capacity Areas of experience/preference
☐ I cannot direct a show in the following time slot(s):
Additional Comments: Please attach additional sheets if needed
Please attach an updated Artistic Resume
Email to: showselection@sloctheater.org

Show Submission Form 2017-2018

Name	
Please complete this page for each show you are submitting.	
Name of Show:	_ [Youth Show
Licensing Company:	
Cast Size: (Number of Males and Females):	
Time Slot(s): September/ October 2017 November 2017 February 2018	
☐ March/April 2018 ☐ May 2018	
Projected Production Team Producer:	
Assistant Director:	
Musical Director:	
Rehearsal Accompanist (if needed):	
Choreographer:	
Stage Manager:	
Costume Designer:	
Hair Designer:	
Make-up Designer:	
Property Master:	
Sound Designer:	
Set Designer:	
Lighting Designer:	
Other:	

Show Submission Form 2017-2018

Name	
Name of Show:	☐ Youth Show
Anticipated Artistic Budget:	
Special Costs (please explain in detail):	
Please attach additional sheets if needed	
Special Artistic Requirement (please explain in detail):	
Please attach additional sheets if needed	
Special Technical Requirements (e.g., special effects, fog machine	, lighting,
sound - please explain in detail): Please attach additional sheets if r	needed