

SLOC MUSICAL THEATER
Show Submission 2019-2020 Season
www.slotheater.org

SHOW SUBMISSION FORM
Submission deadline – NOVEMBER 2ND by 6:00 PM

Name _____

Phone numbers - Home _____ Cell _____

Address _____

E-mail Address _____

Fax Number _____

Please select if applicable

If **not** chosen to direct, I would be willing to work as an Asst. Director

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 application and resume to: slocseason2019@slotheater.org

You will be contacted via email to let you know whether or not your application is being considered for the second step of the selection process. If your submission is being considered for the second step, you will be contacted via email or phone to set up an interview to discuss your application. The interview will be mandatory.

Show Submission Form 2019-2020

Name _____

Please complete this page for **each** show you are submitting.

Name of Show: _____ Youth Show

Licensing Company: _____

Approximate Cast Size: (Number of Males and Females): _____

Please choose the time slots you are willing and able to direct in:

September/ October 2019 November 2019 January 2020 March 2020 May 2020

Youth show will take place in the November time slot

Projected Production Team (Priority of Producer, MD, SM and choreographer)

Producer: _____

Musical Director and Rehearsal Accompanist (if needed): _____

Choreographer: _____

Stage Manager: _____

Costume Designer: _____

Hair Designer: _____

Make-up Designer: _____

Property Master: _____

Sound Designer: _____

Set Designer: _____

Lighting Designer: _____

Other: _____