



Director's Submission Request

Season: _____ Preferred Time Slot: _____

Name of Show: _____

Playwright(s): _____

Genre: _____ Cast: _____ (M) _____ (W) _____ (Children)

(Required)

Director(s): _____ Phone: _____

Musical Director (if applicable): _____

Production Stage Manager: _____

(If known)

Back Stage Manager: _____

Set Design & Construction: _____

Light Design: _____

Sound Design: _____

Costumes: _____

Makeup: _____

Properties: _____

Additional Information: _____

PLEASE INITIAL HERE TO ACKNOWLEDGE A BUDGET OF \$1500 FOR NON-MUSICALS AND \$2500 FOR MUSICALS. _____

Please attach at least one copy of your script for review and give to a board member or leave in the Players de Noc mailbox in the Arts Center.

Thank you.