



**2018 SEASON
DIRECTOR SCRIPT
SUBMISSION FORM**

Please provide some information regarding yourself and your proposed production. Return this form to the Playcrafters office as soon as possible. All submissions must be received no later than January 31st, 2017 to be considered. If you have any questions or comments, contact the office at 309.762.0330 or office@playcrafters.com

DIRECTOR INFORMATION

Name: _____ Date: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____ Work Phone: _____
 Email Address: _____ Cell Phone: _____

List any directing and production experience at Playcrafters and otherwise. Continue on additional sheet and/or attach resume:

PRODUCTION INFORMATION

Title: _____ Genre (comedy, mystery, etc.): _____
 Author: _____ Time Period: _____
 Publisher/Year: _____

Tell us what production team members you may already have:

Producer: _____
 Stage Manager: _____
 Light Designer: _____
 Sound Designer: _____
 Set Builder: _____
 Costumer: _____

Production Schedule	Jan	Mar	May	July	Sept	Nov
*Preference						
Conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please Be Certain</i> of your ability to commit to directing the show you submit. Submissions are considered with the expectation that you are prepared to proceed if selected. <i>*For each show month you choose, do not forget to rank your choice, 1, 2, 3, etc., with 1 being the month you prefer most.</i>						

About:	
Acts	
Scenes	
Characters:	
Men	
Women	
Children	

Challenges – Please describe any challenges in producing the proposed show and your possible solution(s). Areas to consider include accents sets costumes lighting props sound etc. Continue on back if needed:
