

Season Selection Proposal

Submit with a copy of the script that will be performed

Choice: 1st / 2nd / 3rd _____

Show (Created, Published, Original): _____

Playwright: _____

Publisher (Acting Edition): _____

Target Audience: _____

Preferred Space: _____

Preferred Semester (or month/week): _____

Cast: Total cast size _____

Number of men _____

Number of women _____

Number of children _____

Racial requirements _____

Double casting

Cross-casting

Special requirements

Genre (Type): _____

Period: _____

Style: _____

Brief Synopsis:

Set:

Unit/Abstract/Open, Interior, Exterior, any special requirements, meta-scene

Preferred configuration (Extended apron, Kabuki, Arena etc.)

Costume/Make Up (Period/Pull/Shop/Build, any special requirements):

Sound (Live/Canned/Original, any special requirements):

Lighting (Special effects, any special requirements):

Orchestra (Size, Type of instruments, any special requirements):

Concept (Special requirements, non-traditional staging, casting, design, etc.):

Will you be using a guest artist? _____

If yes, who?

Anticipated remuneration: _____

How many people will be involved?

Theatre Students _____

Others _____

Rehearsal Space Needed:

Costume Requirements:
