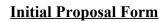


Initial Proposal Form

Applicant Information:

Name:						
Date of Application:						
Email:						
Phone Number:						
Show Information:						
Title of Show:						
Style of Show (Please Check One):						
☐ Musical ☐ Non-Musical Play ☐ Cabaret ☐ One Act ☐ Other						
Show Synopsis:						
Total Number of Roles (Please Specify the Number):						
Male-Presenting Female-Presenting Non-Gender Specific						
Ages of Roles (Please Specify the Number):						
Under 18 Over 18						
Estimation of Overall Budget (Please Check One):						
□ Under \$500 □ \$500 - \$1000 □ \$1000 - \$3000 □ \$3000 - 5000 □ Over \$5000						



2



Approximate Run-Time of Show:						
How many performances are you looking to have?						
Preferred Performance Season (Please Check One):						
	□ Fall	□ Winter	□ Spring	☐ No Preference		
Please Check all that Apply						
Do you have a(n):	:					
	□ Director	□ Assis	tant Director	☐ Musical Director		
☐ Choreographer ☐ Stage Manager						
Please Check all that Apply						
If you have the above, do they require compensation?						
Director Assistant Director Musical Director Choreographer Stage Manager	☐ Yes	□ No□ No□ No□ No□ No				