



Initial Proposal Form

Applicant Information:

Name:
Date of Application:
Email:
Phone Number:

Show Information:

Title of Show:
Style of Show (Please Check One) : <input type="checkbox"/> Musical <input type="checkbox"/> Non-Musical Play <input type="checkbox"/> Cabaret <input type="checkbox"/> One Act <input type="checkbox"/> 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) : <input type="checkbox"/> Under \$500 <input type="checkbox"/> \$500 - \$1000 <input type="checkbox"/> \$1000 - \$3000 <input type="checkbox"/> \$3000 - 5000 <input type="checkbox"/> Over \$5000

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