SUBMISSION INTEREST FORM 2019-2020 SEASON

NAME:	DATE:
ADDRESS:	
EMAIL:	PHONE:
NOTE: PLEASE ATTACH A PRODU REQUEST	JCTION RESUME TO EACH EMAILED SUBMISSION
AND CONTACT INFORMATION FOR PE	E DIRECTOR AT WDL, PROVIDE REFERENCE NAMES OPLE WHO HAVE WORKED WITH YOU IN MANAGER, PRODUCER, ASSISTANT DIRECTOR
REFERENCE #1:	EMAIL:
REFERENCE #2:	EMAIL:
AUTHOR:	
EARLY PRODUCTION OPTIONSFOR 20 Musical), October/November (Main S	19-20 SEASON (as a guideline): September (Main traight or Black Box), December (Chrysalis), arch (Black Box), April/May (Main Musical or
PREFERRED PRODUCTION DATES:	(1)
	(2)
	(3)
WHILE ABOVE ARE PREFERENTIAL TI EXCLUDED FOR YOUR CONSIDERATION	MINGS, LIST ANY TIMING WHICH MUST BE ON FOR THIS SEASON:
	(1)