



Directing Submission Form

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DESIRED TIME FRAME(S) (MONTHS THAT ARE GOOD OR BAD FOR YOU)

TITLE OF PROPOSED SHOW(s): _____

PLAYWRIGHT(S): _____

PERSONNEL ATTACHED TO PROJECT (AD, MD, SM, DESIGNERS,ETC):

BRIEF DESCRIPTION OF YOUR VISION FOR THE SHOW:

PLEASE ATTACH YOUR DIRECTING RESUME.

COVER LETTER/LETTER OF INTENT IS HELPFUL BUT OPTIONAL