

FOOTLIGHT PLAYER'S DIRECTOR'S APPLICATION

Name _____

Address: _____ City/St/ZIP _____

Phone: _____ Email: _____

Would you be most interested in directing:

Musical Play no preference

Please list your submissions below:

	<u>Name of show</u>	<u>Author</u>	<u>Publishing house</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Can you loan our committee a copy of these scripts to read? Yes No

Do you have a preference of what month(s) you'd be able to direct for us? Also please indicate which months you are or are not available for.

	<u>Prefer</u>	<u>Available</u>	<u>Unavailable</u>
September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know anyone else who may be interested in directing for us? Yes No

If yes, please list there name(s) _____

Please list here, and/or on the back, any previous directorial experience (theatre, show name, etc):

