

Name \_\_\_\_\_

Address: \_\_\_\_\_ City/St/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would be interested in directing a show at Footlight. Yes  No

If yes, would you be most interested in directing:

Musical  Play  no preference

**SUBMIT THIS FORM NO LATER THAN MAR. 1, 2022**

Please list your submissions below:

| <u>Name of show</u> | <u>Author</u> | <u>Publishing house (if known)</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>       |
|----------|--------------------------|--------------------------|--------------------------|
| August   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| October  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| December | <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

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

\_\_\_\_\_  
\_\_\_\_\_