

## Using this Form:

The space is very limited on the form, please feel free to add pages to give complete answers.

### Name & Contact Information

Name:	
Address:	
Telephone:	
Email:	

### Details of Show

Title of Show:	
Author(s) of Show:	
License Holder or Royalties:	
Type of Show:	<input type="checkbox"/> Drama <input type="checkbox"/> Comedy <input type="checkbox"/> Musical <input type="checkbox"/> Other
Preferred Time Slots	Fall Mid-Winter Spring Summer Christmas
Number of characters (please include gender, age range, ethnicities, physical characteristics)	# of Female Characters: # of Male Characters:
Number of Sets/Scenes required:	
<b><u>Brief Description of this show:</u></b>	
Vision for Show (include info on sets, costumes, AND ANY MODIFICATIONS TO THE SCRIPT AS WRITTEN) - please attach detail:	
Please list anything else unique or unusual about this show. For example, will it require elaborate or movable sets? Elaborate costumes? Dancers or live music?	
Why are you interested in directing this particular show?	
Why should LTC pursue producing this particular show?	
Please list alternative shows you may be interested in if we are unable to acquire the rights to your preferred show:	
If your submission is not selected for the upcoming season, would you be interested in this submission being considered for the next season? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

**Production Staff:** We realize that it can be difficult for one person to have to “do it all.” Please provide details where assistance will be required or where you have already identified staff.

Role	LTC Assistance Needed to identify staff	Proposed Individual(s) (note NA if role not required) *	Check here if individual has already agreed to participate
Musical Director	<input type="checkbox"/>		<input type="checkbox"/>
Assistant Director	<input type="checkbox"/>		<input type="checkbox"/>
Stage Manager	<input type="checkbox"/>		<input type="checkbox"/>
Set Design	<input type="checkbox"/>		<input type="checkbox"/>
Set Construction	<input type="checkbox"/>		<input type="checkbox"/>
Costumer	<input type="checkbox"/>		<input type="checkbox"/>
Props	<input type="checkbox"/>		<input type="checkbox"/>
Lighting Design/Execution	<input type="checkbox"/>		<input type="checkbox"/>
Sound Design/Execution	<input type="checkbox"/>		<input type="checkbox"/>
Stage Crew	<input type="checkbox"/>		<input type="checkbox"/>
House Manager	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

### Additional Comments

### Attachments

Please list any attachments you are including. Requested attachments:

- Directing Resume (required if new Director to LTC)
- Copy of script (if possible) or where it can be found. Copy will be returned to you if requested.

### Sending your Submission

All submissions MUST be received in writing by **August 1**. Proposals may be sent by email to [lrc@lrcplays.com](mailto:lrc@lrcplays.com) or by USPS to 10 S. Mechanic St. Lebanon, OH 45036.

Please mark to the attention of the Artistic Committee.

### Questions?

The Lebanon Theatre Company Artistic Committee may be reached by sending an email to: [lrc@lrcplays.com](mailto:lrc@lrcplays.com) or calling 513-228-0932.