AUBURN PLAYERS COMMUNITY THEATRE DIRECTOR/SCRIPT PROPOSAL FORM

	2014-2015 Se	ason	
Name:			
Address:			
City/State/Zip:			
Home Phone:	Work Phone:	Cell:	
Email:			
SHOW INFO			
Title:			

DIRECTING EXPERIENCE (Show, Company, Year - Use Back of Sheet if necessary)

Please Note: If you are a 1st time Director for APCT, you are required to have a Production Mentor

TENTATIVE OVERALL BUDGET \$_____

Stage Manager:

Budget must include royalties, script purchase or rentals, space and facility costs, and any other production expenses

If able, please provide a breakdown of tentative budget Royalties: Script Rentals: Space and Facility Costs: Set: Costumes: Props: Publicity: Posters and Programs: Other:

> If possible, include a copy of the proposed script and mail both to to the Auburn Players c/o Seth Kennedy

Auburn Players, PO Box 543, Auburn, NY 13021