

# VERMILLION PLAYERS DIRECTOR APPLICATION

NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

SHOW TITLE PROPOSED \_\_\_\_\_

CASTING REQUIREMENTS (Gender, Ages) \_\_\_\_\_

LICENSING RIGHTS HELD BY \_\_\_\_\_

BRIEF SHOW SYNOPSIS \_\_\_\_\_

**PERFORMANCE DATE PREFERENCE** (Choose One)

\*Prior to submitting this form, please confirm Performance Rights are available for requested dates.

June 11 - 14, 2009

July 9 – 12, 2009

August 6 – 9, 2009

**PREVIOUS THEATRE EXPERIENCE** (Please provide a brief detail of your experience in each area.)

Directing/Assisting \_\_\_\_\_

Acting \_\_\_\_\_

Building/Painting \_\_\_\_\_

Costuming \_\_\_\_\_

# VERMILLION PLAYERS DIRECTOR APPLICATION

Lighting \_\_\_\_\_

Sound \_\_\_\_\_

Backstage \_\_\_\_\_

## THEATRE REFERENCES (Please name at least two.)

NAME \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\*Attach a minimum of two reference letters highlighting your theatre experience. These may be from same persons named above.

If you have any questions, please contact Michele Barnett at 815-674-0511. Applications should be submitted no later than December 1, 2008.

Print, complete and mail the completed form to: Michele Barnett  
PO Box 446  
Streator, IL 61364