

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 (Circle One)

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

2nd Thurs-Sun of June

2nd Thurs-Sun of July

1st Thurs-Sun of August

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 (Name at least two.)

NAME _____ NAME _____

RELATIONSHIP _____ RELATIONSHIP _____

PHONE NUMBER _____ PHONE NUMBER _____

NAME _____ NAME _____

RELATIONSHIP _____ RELATIONSHIP _____

PHONE NUMBER _____ PHONE NUMBER _____

*Enclose 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.

Mail completed form to:

Vermillion Players

PO Box 144

Pontiac, IL 61764