

# Dixon Community Theater

## Play Submission Form

### Personal Information

Name:

Street Address:

City:

State:

Zip:

Primary Phone:

E-mail:

### Production Submission Information

Title:

Author(s):

Licensing Contact (if known):

Type of Submission

\_\_\_\_\_: Drama

\_\_\_\_\_: Comedy

\_\_\_\_\_: Musical

\_\_\_\_\_: Holiday

\_\_\_\_\_: Classical

\_\_\_\_\_: Children's

\_\_\_\_\_: One Act

Is this a Youth Production (18 years and younger)? Yes No

Available and Preference of Production Time Frame:

Please rank with "1" being your first choice and "5" being your last choice. If a slot is not available for you, use "N/A"

SUMMER / FALL / HOLIDAY WINTER / SPRING

**Director's Vision Statement**

Please include a description of your vision for the piece. Please include any information about your vision that would be useful for the committee to understand regarding this submission. Additional information can be attached if necessary.

**Production Staff**

Do you have any tentative/preliminary commitments to fill the following staff positions? Please indicate which positions and the name of the person filling that position. These are not firm commitments and the submission will be considered regardless of these tentative/preliminary commitments.

STAGE MANAGER/ASST. DIRECTOR -

PROPS PERSON-

COSTUMES-

LIGHTING -

SETS-

SOUND-

OTHER-

**Additional Information for Consideration**

Please include any additional information you think would be useful for the committee to understand regarding this submission. This could include information on the production, your personal goals for the production, or unusual aspects you want to ensure have been communicated regarding the production. Additional information can be attached if necessary.