



SHOW PROPOSAL FORM

Show Title: _____

DIRECTOR CONTACT INFORMATION	
Name	
Street Address	
City, State, Zip	
Phone Number	
Email Address	

PRODUCTION SLOT PREFERENCE	
Please Rate the slot. 1 being your first choice 5 being the last choice	September_____ October-November_____ December-January_____ February-March_____ April-May_____

PRODUCTION INFORMATION (Please fill in the best you can)	
Author/Composer	
Type (Musical or Play)	
Number of Female Principals Characters	
Number of Male Principals Characters	
Number of Supporting Roles	
Number of Chorus Members	
Age Range of Characters	
Why do you want to direct this show?	
Please provide a brief interpretation/vision that you see for this production?	
Please provide any special technical or budgetary requirements.	



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If you have secured members of the production team, please provide names. Footlighters can help directors fill certain roles other than those indicated. Please check the box if you would prefer Footlighters to fill those roles. Please note:

- First-time Footlighters directors will have a producer assigned by the theater.
- All technical staff is subject to approval from the board and the Technical Director.

PRODUCTION STAFF		
<u>Role</u>	<u>Theater</u>	<u>Team Member Name</u>
Producer	<input type="checkbox"/>	
Assistant Director	N/A	(Not required)
Music Director	N/A	(Required for musicals)
Choreographer	N/A	(Required for musicals)
Set Design	<input type="checkbox"/>	
Stage Manager	<input type="checkbox"/>	
Costumer	<input type="checkbox"/>	
Prop Master	<input type="checkbox"/>	
Sound Design	<input type="checkbox"/>	
Sound Operator	<input type="checkbox"/>	
Light Design	<input type="checkbox"/>	
Light Operator	<input type="checkbox"/>	