



DIRECTOR'S SUBMISSION FORM

DIRECTOR'S NAME: _____

DIRECTOR'S ADDRESS: _____

DIRECTOR'S E-MAIL: _____

TITLE OF PLAY OR MUSICAL: _____

AUTHOR: _____

NUMBER OF MALE ROLES _____

NUMBER OF FEMALE ROLES: _____

REASONS FOR WANTING TO DIRECT THIS SHOW: _____

ADDITIONAL COMMENTS OR INFORMATION: _____

