



**PLAY SUBMITTAL FORM**

This form is intended as a guideline to help the Play Selection Committee when considering what productions might make a well-rounded season. Please be as thorough as possible when completing this form. Thank you for your input!

SUBMITTER'S NAME: \_\_\_\_\_

SUBMITTER'S EMAIL: \_\_\_\_\_

SUBMITTER'S PHONE NUMBER: \_\_\_\_\_

WILLING TO DIRECT:     YES                       NO

TITLE OF PLAY OR MUSICAL: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

PUBLISHING COMPANY: \_\_\_\_\_

DO YOU HAVE COPY OF SCRIPT TO LOAN TO COMMITTEE IF REQUESTED?

YES                       NO

# OF MALE ROLES: \_\_\_\_\_                      # OF FEMALE ROLES: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_