

Studio Theatre Company Proposal Form

Name _____ Year _____ Dates Requesting _____

Show Title _____ Written by _____

Stage Manager _____ Show Run Time _____ # of Acts _____ Intermission? Yes No

Performer Number: M _____ F _____

You MUST hold open auditions for your production even if you have performers in mind you would like to work with.

Briefly Describe Your Script (May attach an extra sheet to this form, but keep it short)

Briefly describe the technical elements required to complete this project

Do you have a Lighting designer? (*circle one*) Yes No

If yes, who? _____

Do you have a sound designer? (*circle one*) Yes No

If yes, who? _____

Will you require costumes borrowed from the U of L Costume Shop? (*circle*) Yes No

Will you require props or set pieces borrowed from the U of L Scene Shop? (*circle*) Yes No

*** Refer to the Studio theatre Guidelines for rules and regulations concerning designers and borrowing from U of L shops. If you have questions concerning these, please contact

Have you worked with Studio Theatre before? If yes, please briefly describe your involvement

If Directing, Have you taken a Directing Class? (*circle one*) Yes no

***Along with this form please attach a copy of the script, make sure you include the entire script including the copyright page.

I have completed the above form to the best of my ability truthfully and honestly. I have read the Studio Theatre Guidelines for 2015/2016 and will adhere to their guidelines.

Participant Signature

Date

Studio Coordinator Signature

Date Received

Please return this to the Studio Theatre Mailbox located in the first hallway next to the Box Office Manager's Office (Room 139.)

Once we have reviewed your proposal we will respond via email as soon as possible. Thank you for your interest in Studio Theatre, we could not do it without you!