

CCP Program Selection Submission Form (2023-24 Season)

DIRECTOR'S NAME _____

PREVIOUS DIRECTING EXPERIENCE (OR ATTACH THEATER RESUME)

ADDRESS _____

CELL PHONE _____ **EMAIL** _____

TITLE OF SHOW _____

PLAYWRIGHT _____ **LICENSED BY** _____

TYPE OF PRODUCTION: PLAY ___ **COMEDY** ___ **MUSICAL** ___

PREFERRED TIME SLOT (MONTH OF PERFORMANCE)

SEPT/OCT 2023 ___ **NOV/DEC 2023** ___ **FEB/MAR 2024** ___ **APRIL/MAY 2024** ___

JUNE 2024 ___ **AUGUST 2024** ___

CCP IS A MEMBER OF THE ENCORE ASSOCIATION AND WILL CONSIDER BOTH ENCORE AND NON-ENCORE SHOWS: WHAT IS YOUR PREFERENCE REGARDING ENCORE? YES ___
NO ___ **NO PREFERENCE** ___

WOULD YOU EXPECT TO BE ABLE TO SUPPLY MOST OF YOUR OWN PRODUCTION STAFF?
YES ___ **NO** ___ **IF APPLICABLE, WRITE MEMBERS OF YOUR PRODUCTION STAFF:**

PLEASE DESCRIBE YOUR VISION OF THE SHOW AND WHY YOU WANT TO DIRECT IT (INCLUDE STAGE LAYOUT IF YOU WISH, USE BACK OF FORM AND ATTACH PAGES IF NECESSARY, ALSO ADD YOUR MARKETING PLAN IF YOU HAVE SOME IDEAS)

