



**CARMEL COMMUNITY PLAYERS**  
**2025 PROGRAM SELECTION SUBMISSION FORM**

DIRECTOR'S NAME \_\_\_\_\_

PREVIOUS DIRECTING EXPERIENCE (OR ATTACH THEATRE RESUME)

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

ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TITLE OF SHOW \_\_\_\_\_

PLAYWRIGHT \_\_\_\_\_ LICENSED BY \_\_\_\_\_

TYPE OF PRODUCTION: PLAY \_\_\_\_\_ COMEDY \_\_\_\_\_ MUSICAL \_\_\_\_\_

PREFERRED TIME SLOT (Please rank from 1-6)

FEB/MAR \_\_\_\_\_ APR/MAY \_\_\_\_\_ JUN/JUL \_\_\_\_\_

JUL/AUG \_\_\_\_\_ SEP/OCT \_\_\_\_\_ NOV/DEC \_\_\_\_\_

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:

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

