

## CARMEL COMMUNITY PLAYERS 2026 PROGRAM SELECTION SUBMISSION FORM

DIRECTOR'S NAME	
PREVIOUS DIRECTING EXPERIENCE (OR ATTACH THEATRE RESUME)	
ADDRESS	
CELL PHONEEMAIL	
TITLE OF SHOW	_
PLAYWRIGHTLICENSED BY	-
TYPE OF PRODUCTION: PLAYCOMEDYMUSICAL	
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 ASSOCATION AND WILL CONSIDER BOTH ENC	ORE AND NON-ENCORE SHOWS: WHAT
IS YOUR PREFERENCE REGARDING ENCORE? YESNONO PREF	ERENCE
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)	

Submission Deadline: December 6<sup>th</sup> 2024

Send your submission to hcjanowicz@gmail.com