

CSP DIRECTOR/PLAY SUBMISSION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____ CELL: () _____ - _____ EMAIL _____

SHOW DETAILS

SHOW TITLE: _____

AUTHOR/AUTHORS: _____

SHOW TYPE: DRAMA COMEDY FARCE MYSTERY MUSICAL OTHER _____

PREFERRED TIME SLOT: OCTOBER DECEMBER FEBRUARY APRIL JUNE

TIME SLOTS YOU ARE NOT AVAILABLE: _____

NUMBER OF CHARACTERS: (NUMBER, GENDER, AGE RANGE, PHYSICAL ATTRIBUTES, ETHNICITY)

NUMBER OF SCENES/SET PIECES: _____

BRIEF DESCRIPTION OF THE SHOW: _____

YOUR VISION FOR THE SHOW: (INFO ON SETS, COSTUMES, ANY SPECIAL MODIFICATIONS TO SCRIPT AS WRITTEN) _____

WHAT INTERESTED YOU ABOUT THIS SHOW? _____

DO YOU HAVE AN ALTERNATIVE SHOW IN MIND IF RIGHTS TO YOUR FIRST CHOICE ARE UNAVAILABLE?

_____ YES _____ NO ALTERNATIVE SHOW? _____

Which season are you submitting for: _____ If your submission is not selected for this season, would you be interested in CSP retaining for a future season? _____ YES _____ NO