Cherokee Civic Theatre

Play Selection Committee: Director's Application

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

☎ **HOME:**_____**WORK:** _____ **CELL:**_____

Please provide the following information. Please use the back of form for more space.

1. What play would you like to direct? Please submit a copy of the script.

2. Which Cherokee Civic Theatre (CCT) show would you like to direct?
   - ☐ Fall Musical (Oct)
   - ☐ Holiday Show (Dec)
   - ☐ Winter Show (Feb)
   - ☐ Spring Show (Apr)
   - ☐ TNT Summer Youth Show

3. Why do you want to direct this particular play? (attach sheet if desired)

4. Do you have a second choice in case of problems securing royalties, etc.? Y N
   If so, what is the name of your 2nd choice?

5. Are you fully aware of the CCT's policies regarding:

Play Selection?	Y	N
Auditions?	Y	N
Directing?	Y	N
Production Budgets?	Y	N

NOTE: All applicable CCT policies are available for review upon request

⇨⇨ **More on back** ⇨⇨

6. Are you a member of Cherokee Civic Theatre? Y N (does not impact selection process)

7. Have you directed previously? Y N

   If 'yes', please list show(s), theater/company and dates. (attach sheet if desired)

8. What prior technical theatre experience do you have? (attach sheet if desired)

9. What prior acting experience do you have? (attach sheet if desired)

10. Are you willing to work with a Producer? Y N

    a. Is there a Producer you have in mind? _____

    b. Have this person agreed to serve as your Producer? Y N

11. If not selected, are you willing to serve as Assistant Director for a show? Y N
    If yes, which show? Fall Christmas Winter Spring

12. If not selected, are you willing to serve as Producer for a show? Y N
    If yes, which show? Fall Christmas Winter Spring