

DIRECTOR SUBMISSIONS

Please submit your completed form to: enquiries@oldmilltheatre.com.au



Production information

| | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Title of Proposed Play | <input type="text"/> | | | |
| Rights Holder | <input type="text"/> | | | |
| Genre | <input type="text"/> | | | |
| Era | <input type="text"/> | | | |
| Expected Cast Size | <input type="text"/> | Expected Performance Length | <input type="text"/> | |
| Preferred Season <i>(please select)</i> | Feb/Mar <input type="text"/> | Apr/May <input type="text"/> | Jun/Jul <input type="text"/> | Sep/Oct <input type="text"/> |
| Nov/Dec <input type="text"/> | | | | |
| For Musicals <i>(please select)</i> | Orchestra <input type="text"/> | Band <input type="text"/> | Piano <input type="text"/> | CDs <input type="text"/> |
| Set Requirements | <input type="text"/> | | | |

Contact information

| | |
|--------------------|----------------------|
| Director's Name | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |
| Assistant Director | <input type="text"/> |
| Stage Manager | <input type="text"/> |
| Tech Crews Name/s | <input type="text"/> |

Brief Synopsis of play

Director's Experience *(attach additional pages if required)*

PLEASE SUBMIT SCRIPT(S) WITH THIS FORM