

Application DATE _____

Contact Name and Title in Organization					
Organization Name					
Title/s of script you are interested in					
email address					
phone number					
BILLING Address					
<i>dept, suite, etc, if any</i>					
city / st / zip					
Performance Venue					
Venue Address					
city / st / zip					
Tell us about your organization	501c3	School	Professional Theater	Community Theater	Other (please explain)
Check, or write "yes" in all categories that apply:					
Anticipated first rehearsal:			When do you need materials by? Give an exact date.		
total number of performances			Anticipated Performance Dates		
Anticipated ticket price (for multiple values simply list the range)	\$			Venue Capacity for performances	

Tell us about your **cast**: (check types that apply)(for these questions interns and students are volunteers)

- all volunteer
- all students of the organization, or all youth actors (under 18, or still in school)
- all performers will be paid: union non-union mix
- some performers will be paid (union or non-union), and some will be volunteer

SUBMIT APPLICATION TO: connect@theatercraftinc.com

615-874-8715