

Vermillion Players Director Application

Name _____

Address _____

Phone Number _____ Email Address _____

Show Title Proposed _____

Casting Requirements (Gender, Ages) _____

Licensing Rights Held By _____

Brief Show Synopsis _____

Performance Date Preference

*Prior to submitting this form, please confirm Performance Rights are available for requested dates.

Previous Theatre Experience (Please provide a brief detail of your experience in each area.)

Directing/Assisting _____

Acting _____

Building/Painting _____

Costuming _____

Lighting_____

Sound_____

Backstage_____

Theatre References (Please name at least two.)

Name_____ Name_____

Relationship_____ Relationship_____

Phone Number_____ Phone Number_____

Name_____ Name_____

Relationship_____ Relationship_____

Phone Number_____ Phone Number_____

*Enclose a minimum of two reference letters highlighting your theatre experience. These may be from same persons named above.

If you have any questions, please contact a board member. Please mail completed forms to

Vermillion Players

PO Box 144

Pontiac, IL 61764

OR

Email completed forms to vermillionplayersinc@gmail.com