

Masquers Playhouse Guest Director Application Form

(please fill out this form entirely)

Name: _____ Date: _____
Address: _____ City, Zip _____
Phone: _____ E-mail: _____

Which time slot would you prefer for your production?

January March July September November No preference

Please list the most recent shows you have directed:

Name	Place	Date

Proposed Production #1

Title: _____ Author/Composer(s): _____

Genre: Comedy Drama Musical Thriller Other:

Casting:

No. of men: _____ No. of women: _____ No. of children: _____

Age range: _____ Age range: _____ Age range: _____

Period:

Please describe any special technical requirements:

Describe why you want to bring this show to the Masquers:

Proposed Production #2

Title: _____ Author/Composer(s): _____

Genre: Comedy Drama Musical Thriller Other:

Casting:

No. of men: _____ No. of women: _____ No. of children: _____

Age range: _____ Age range: _____ Age range: _____

Period:

Please describe any special technical requirements:

Describe why you want to bring this show to the Masquers:

Thank you. We will respond to you as quickly as possible.

If mailing, please send your submittal to:

***The Masquers Playhouse
P.O. Box 71037
Pt. Richmond, CA 94807***