Thank you for your interest in directing a show for the Gillette Community Theatre. Your application will be given full consideration by the board.

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eve. Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you directed for GCT before:  Yes  No

Have you worked on GCT shows:  Yes  No

Past Directing Experience (include both directing and assistant directing experience)

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| --- | --- | --- | --- |
| Title of Show | Position | Theatre Group | Location (City/State) |
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Other Theatre Experience, training or related skills:

What genre of plays do you prefer to direct (check all that apply)?

 Musical  Drama  Mystery  Comedy  Melodrama  Farce

 Other\_Classical (especially ShakesSpear)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your directing preference is (check all that apply)?

 Fully-Staged Production  Readers Theatre  Children’s Theatre

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a particular play(s) that you are interested in directing? (if yes, please fill out a play submission form for each title)

 Yes  No

Please list the title(s) of the shows you are interested in directing:

Are you available to direct (check all that apply):

 Fall (August-December)  Winter/Spring (January-May)  Summer (May-August)

Any additional information we should know?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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APPROVED

DENIED

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_