



Production Submission Application

This form must be completed for any public production/performance activity that makes use of any departmental resources falling outside of the Department's season productions. This includes: student production organizations, class productions, and grant projects.

Approval by the Production Committee guarantees only a performance space for productions. No support for set, costumes, sound, or lighting (other than lights up/lights down) will be provided. In addition, the Department does not pay costs for performance rights or additional associated production costs. No production activities, including auditions, should happen unless the Production Committee approves the production.

This form must be fully completed, with all necessary signatures, and a copy of the proposed script, and returned to the Director of Theatre. Submitters will receive a response within one month of the original submission date. Please remember to fill out both pages of the application.

Name of Production or Event: \_\_\_\_\_

\*Script, if applicable, must be attached in order for proposal to be considered

Brief description of production/event: \_\_\_\_\_

Production/Event length (Running time): \_\_\_\_\_

Cast size: \_\_\_\_\_ Males \_\_\_\_\_ Females

Presenting Organization: \_\_\_\_\_

Is this production associated with other student, campus, or community groups? If so, who? \_\_\_\_\_

Type of Activity (check all that apply): \_\_\_\_\_ Class Project \_\_\_\_\_ Student Organization
\_\_\_\_\_ Independent Student Project \_\_\_\_\_ Other (describe):

Applicant Name: \_\_\_\_\_ Major: \_\_\_\_\_

Year in School: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_ Faculty

\*Please attach resume of Directing and/or Stage Managing experience. Please include relevant classes and coursework.

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Project Advisor (required for student productions): \_\_\_\_\_

Performance Venue Choice #1: \_\_\_\_\_

Performance Venue Choice #2: \_\_\_\_\_

Performance Venue Choice #3: \_\_\_\_\_

Royalty Fees: \_\_\_\_\_ Box Office/Ticket Charge (if any): \_\_\_\_\_

Preferred Performance Date(s) and Time(s) #1: \_\_\_\_\_

Preferred Performance Date(s) and Time(s) #2: \_\_\_\_\_

Preferred Performance Date(s) and Time(s) #3: \_\_\_\_\_

We cannot guarantee that you will get your preferred dates, even if your production is approved.

Justification for Project (attach extra sheet if necessary): \_\_\_\_\_

Please provide further information about your proposed production. Members of the Production Committee understand that you may not yet have all positions filled, but please complete as much of the information as you can at this time.

Director (must meet qualifications as established by department and posted in department handbook and callboard): \_\_\_\_\_

Will you hold auditions for actors? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

If actors are already cast, please list names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stage Manager: \_\_\_\_\_

Designers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the job title and name of anybody else who is affiliated with this production: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A lighting rep plot and sound setup is available. Are you requesting additional equipment? (Charges may apply) \_\_\_\_\_ If yes, please

indicate types and quantities (attach extra sheet if necessary): \_\_\_\_\_

It is the responsibility of the individual submitting this form to ensure that proper care of our equipment and safety are observed throughout the rehearsal and performance period of any event. You are also responsible for ensuring that any facilities and equipment used during the project are restored and returned (struck) back to their normal conditions immediately following the final performance. Production Committee Guidelines are attached to this sheet.

I have read and understand the Production Committee Guidelines and agree to follow them.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor (student productions): \_\_\_\_\_

Advisor agrees to supervise student productions, making sure that students are following Production Committee Guidelines and maintaining a safe rehearsal and performance space. Advisor must provide letter of support addressing the abilities of the applicant.

**Advisor Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*We strongly encourage advisors to attend the Production Committee meeting, as the committee needs Advisor's input prior to approval.*

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Departmental Approval/Signatures  
Notes/Stipulations

Script Attached? \_\_\_ Yes \_\_\_ No

Resume Attached? \_\_\_ Yes \_\_\_ No

Director of Theatre: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_