

LAKELAND PLAYERS
DIRECTOR SUBMISSION FORM

Name: _____ Phone: _____

Email: _____

Play/Musical Title: _____

Playwright: _____

Genre (comedy, tragedy, etc): _____

Cast: # Male: _____ Age Range: _____

Female: _____ Age Range: _____

Synopsis/Vision for Production:

Production Dates/Timeline Desired: _____

Known Budget Needs: _____

STAFFING (note if you need help finding one or if you have one already)

Producer: _____

Music Director (if applicable): _____

Set Designer: _____

Costumer Designer: _____

Stage Manager: _____