Theatre Department Request for Davis Theatre Space

Submitted By: __________________________________________ Phone # ___________________________
Date Submitted: ____/____/_____ E-mail: ___________________________________________________
Director: (if known) _________________________________________________________________________
Has the director taken TH 4953 Directing? ____yes  ____no
Faculty Advisor for project __________________________________________________
Check one:
Creative Component _____ Theatre Council_____ Other_____  

Title of Proposed Show: _________________________________________________________________
Author: _________________________________________________________________
Brief Synopsis: _______________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Which company owns the rights? ______________________________________
Check one: Full-length_______ One-Act_______ Ten-Minute_______  

Attach a 1-2 page Concept Statement.

Cast Breakdown:
Number of: Male(s) ____ Female(s) ____ Other (please list) _______________

Dates:
Preferred Semester: Fall ________ Spring ________
Preferred Dates:
_______________________________________________________________
Alternate Dates:
_______________________________________________________________

Technical Needs: List how you plan to meet your technical needs (lighting, make-up, props, scenery, etc.):
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Potential Designers, Stage Manager, ASMs, Technicians:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Deadline Dates for the Submission of the Proposal:
Creative components – March 1st of the previous year
Fall Productions – April 1st of previous semester
Spring Productions – October 1st of previous semester

Please submit this completed form to Theatre Office, 121 SCPA.

Theatre Faculty Review date:_______________________ Faculty Review Approval: ___ yes ___ no
Department Head Signature: ____________________________ Date:________________