

DEPARTMENT OF THEATRE ARTS SEASON SELECTION SUBMISSION FORM

(Submit to the Production Manager. – This form must be submitted with each proposed selection and preferably accompanied by a script when possible. Deadline for submission is May 25.)

SCRIPT: _____ **SUBMITTED BY:** _____

PLAYWRIGHT/LYRICIST/COMPOSER: _____

GENRE [See Season Rotation]: _____ **CENTER OFF-CENTER STUDIO**

NUMBER OF ACTS: _____ **APPROXIMATE TOTAL PLAYING TME:** _____ **HOURS** _____ **MIN.**

SUGGESTED PRODUCTION QUARTER/VENUE: _____

CAST (fill in with the appropriate numbers)

MEN: _____ **WOMEN:** _____ **CHILDREN:** _____ **OVER 40:** _____ **GUEST ARTIST:** _____

ROLES REQUIRING PEOPLE OF COLOR: _____ **ROLES COULD DOUBLE:** _____

TOTAL NUMBER OF CAST: _____

OTHER CASTING CONCERNS:

ARTISTIC STAFF (check those needed for this play or production idea)

MUSIC DIRECTOR/VOCAL COACH: _____ **DANCE CHOREOGRAPHER:** _____ **FIGHT CHOREOGRAPHER:** _____

DIALECT COACH: _____ **SPECIALTY HIRE:** (specify what kind) _____

ORCHESTRA/BAND: (specify what size) _____

Will you be fulfilling any of the above? _____ If so, which?

Will a guest artist be fulfilling any of the above? _____ If so, which?

SCENERY/PROPS (check those needed for this play or your concept of the play)

UNIT SET: _____ **NUMBER OF SETTINGS:** _____ **DESCRIBE:** _____

HISTORICAL PERIOD: _____ **GEOGRAPHICAL LOCATION:** _____

BRIEF DESCRIPTION OF SET CONCERNS OR SPECIAL REQUIREMENTS:

APPROXIMATE NUMBER OF PROPS: _____ **HISTORICAL PERIOD:** _____

DIFFICULT OR UNUSUAL PROPS: YES NO (Circle one) **DESCRIBE:**

WEAPONS OR FIREARMS: _____ **HOW MANY?** _____ **DESCRIBE:**

COSTUMES (check those needed for this play or your concept of the play)

APPROXIMATE NUMBER OF COSTUMES PER CHARACTER: _____

HISTORICAL PERIOD: _____ **SEASON[S]:** _____

MAKEUP (For example- prosthetics, special designs, blood/gore): _____ **DESCRIBE:** _____

WIGS: _____ **APPROX. # OF WIGS PER CHARACTER:** _____ **HISTORICAL PERIOD:** _____

SPECIAL REQUIREMENTS:

LIGHTING

SPECIFIC LOOKS, EFFECTS OR CUES REQUIRED TO DRIVE THE ACTION OF THE PLAY:

SPECIAL VISUAL EFFECTS (For example- star drop, fire, robotic lighting effects):

UNUSUAL ELECTRICITY NEEDS (For example- practicals, on stage receptacles):

SOUND

SOUND DESIGNER: _____ SOUND ENGINEER: _____ MICROPHONES: _____ NUMBER: _____

SPECIAL REQUIREMENTS:

SPECIAL CONSIDERATIONS/NEEDS

PUPPETS: _____ NUMBER: _____ DESCRIPTION: _____

SPECIAL EFFECTS (For example- flying, pyrotechnics, magic): _____ DESCRIBE: _____

VIDEO/PROJECTIONS: _____ DESCRIBE: _____

OTHER SPECIAL REQUIREMENTS:

JUSTIFICATION FOR CHOICE OF SCRIPT

HAVE YOU SEEN THIS SCRIPT PRODUCED? YES NO (Circle one)

HAVE YOU DONE THIS PLAY BEFORE? YES NO (Circle one)

BRIEFLY DESCRIBE YOUR INVOLVEMENT IN THE PRODUCTION:

WHY SHOULD WE DO THIS PLAY?

WHAT ARE THE DRAWBACKS (IF ANY) TO PRODUCING THIS PLAY?

IF ASKED, PLEASE INCLUDE A COPY OF THE SCRIPT FOR THE SELECTION COMMITTEE TO REVIEW.

SUBMITTED BY: (Printed Name) _____ Date Submitted: _____

(Signature) _____