

OSLT PLAY SUBMISSION FORM

Title _____

Playwright _____

Director: _____ Date submitted: _____

Production time in order of preference (1 to 4 – 1 being your first choice, 2 being your second choice, etc. Use X to indicate production times that will definitely not work for you.)

Nov _____ Feb _____ WODL Yes/No? Apr _____ May/June _____

Comments/Reasons: _____

Rights held by: _____

<u>Office Use Only</u>	
Royalties:	1 st Performance _____ Subsequent Performances _____
	% of Sales _____

Type of play: (e.g. – comedy, drama, musical, murder mystery) _____

Cast: No. of Males: _____ Age Range: _____
No. of Females: _____ Age Range: _____

Special Requirements re: cast (e.g. – special skills, physical characteristics): _____

Production Team: (to be named before final approval for playbill)

Producer: _____ Stage Manager: _____

Music Director: _____ Set Design/Build: _____

Director's Comments: (What are the qualities of this play that will make it a successful OSLT production? Do you anticipate any unusual requirements or expenses in mounting this production? Use reverse if necessary.)

Note: You will be contacted to arrange a time for a presentation to the Playbill Committee.

We would appreciate it if you could include with your submission your CV outlining your theatre experience.