



Submission Form

For Directing at TTT

Torquay Theatre Troupe Play

Selection Committee

Name: _____

Address: _____

Email: _____

Phone: _____

About the Director:

Your Theatrical Experience (append more information as necessary)

You will be contacted and if your submission is successful you will meet with the Play Selection Committee for further discussions.

Please submit this form with a copy of the play to:

Torquay Theatre Troupe
Play Selection Committee
PO Box 31
Torquay 3228

OR Deposit in the mail box at 2 Price St. Torquay

Play 1

Title of Play: _____

Playwright: _____

Full Length ____ One Act ____ Approx performance time ____ minutes

Preferred Production: May ____ August (one act) ____ November ____

Synopsis of Play: (100 words) _____

Who are the agents? Are the performance rights for the play available?

Cast size, gender, age range

Set design concepts (illustrations if possible e.g. attach sketches.)

Costumes

Budget

Please provide an estimate of production costs. Royalty costs are exempt from this.

Play 2

Title of Play: _____

Playwright: _____

Full Length ____ One Act ____ Approx performance time ____ minutes

Preferred Production: Feb ____ June ____ August (one act) ____ November ____

Synopsis of Play: (100 words) _____

Who are the agents? Are the performance rights for the play available?

Cast size, gender, age range

Set design concepts (illustrations if possible e.g. attach sketches.)

Costumes

Budget

Please provide an estimate of production costs. Royalty costs are exempt from this.
