



ARCADIANS THEATRE GROUP
EXPRESSION OF INTEREST FORM



Name of Show:.....

Director

Date of Submission:.....

Nature of Show: Musical Drama Comedy

Theatre experience that would enable you to direct a show:

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What makes this show appealing to our members and audience?

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Agent holding performance rights:.....

Is it available for amateur production? Yes No

Production Team:-

Producer..... Choreographer.....

Musical Director Vocal MD

Set Design..... Set Construction.....

Lighting..... Audio.....

Orchestra: number of musicians.....special instruments.....

Is there an alternate orchestration available?

Cast size.....male.....female.....leads.....children

Other comments re Cast:.....

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Location: Miner’s Lamp Theatre
 IPAC

Preferred rehearsals: Mon & Wed Tues & Thurs either

Special requirements of the show that would affect overall costs:

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Time of year for production.....

Show treatment: special effects, special staging requirements, out of the ordinary features, etc, OR any further expression

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Signed:
Mobile:
Email:

Accepted by Committee.....

Date of acceptance.....Director notified.....