



Saline Area Players
 Community Theatre for the Entire Family
 P.O. Box 334 Saline, MI 48176

DIRECTOR APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (CELL): _____ PHONE(OTHER): _____

EMAIL: _____

TITLE OF PRODUCTION: _____

PLAYWRIGHT: _____

PUBLISHER/WHO HOLDS RIGHTS: _____

COST PER PERFORMANCE: _____

NUMBER OF ROLES: ADULTS: M _____ F _____ KIDS: M _____ F: _____

WHAT PRODUCTION STAFF CAN YOU BRING ALONG: _____

WHY YOU CHOSE THIS SHOW: _____

YOUR AVAILABILITY FOR DOING SHOW: _____

INFORMATION TO ALSO SUBMIT: RESUME, VISION OF PRODUCTION, ACCESS TO SCRIPT (if possible)

Email this application along with required information to: president@salineareaplayers.org