

School of Theatre Arts and Dance

Play Submission Form

Submitted By: _____ Date: _____

Name of Play or Musical: _____

Author/s: _____ Publication Date: _____

Publisher: _____ Address: _____

Proposed Theatre: _____ Proposed Slot: _____

Genre: _____ Characters: Number of Males _____ Females _____

Special Production Needs: _____

Notable Past Productions: _____

Recommended Director/s:

Please provide a brief synopsis of the play or musical and why you think that this production would be a good fit for our students. You may also attach any additional supporting information.