

VICKSBURG THEATRE GUILD
20__-20__ SEASON

PLAY PROPOSAL
APPLICATION

PERSONAL INFORMATION:

Name: _____

Cell Phone: _____

E-mail Address: _____

THEATRE EXPERIENCE:

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WHAT PLAY WOULD YOU LIKE TO DIRECT?

Play:	Genre:	Playwright:	Cast (gender and age):
Royalty fees	Script fees:	Estimated cost of costumes:	Estimated cost of set work:

Synopsis:

Other comments:

Preferred Dates for Performances:

EMAIL by February 28 to vicksburg.theatre@gmail.com
or send to P. O. Box 821472, Vicksburg, MS 39182-1472