

One Act Director Application (return this **form & script** to Miss G by **Nov 1 2018**)

Name _____ Grade _____ Age _____

E-Mail _____ 1A Teacher _____

Requested Play (attach copy): “ _____ ”

Author: _____ Publisher _____

Describe the action of the play: _____

How many parts are there? _____ Male _____ Female _____ Either _____ Total

How long is the play? (limit 30 minutes) _____ minutes **Show date: January 11, 2019**

Have you directed before? _____ If yes, when and where? _____

What would make you a good director? _____

What will challenge you as a director? _____

List all conflicts between Nov 14 and January 11: _____

All chosen directors must attend a One Act Director’s Meeting on **wed Nov 7 at 2:30 in rm 266. Auditions are Wed Nov 14 at 2:30 in room 185.**

“As a Student One Act Director, I will follow all school rules and obey all directives from the SPHS Drama Director.”

Signature

Date

Cell Phone

Email