

**MISSION STATEMENT OF  
GOSHEN COMMUNITY THEATRE, INC.**

**Enriching our community through quality live theatre, with the dual mission of  
offering on and off stage theatrical opportunities to people of all ages.**

**GCT Production Submittal Form**

Full title of show proposed: \_\_\_\_\_

Contact information

Name of submitter: \_\_\_\_\_

Telephone #/s: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Director (If different from submitter): \_\_\_\_\_

Script Information

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_ Year: \_\_\_\_\_

Other (anything else that would help us identify the show): \_\_\_\_\_

\_\_\_\_\_

Is this show a monologue, skit, one-act, play, musical or something else?

\_\_\_\_\_

Number of characters:

Male: \_\_\_\_\_ approximate ages of male characters: \_\_\_\_\_

Female: \_\_\_\_\_ approximate ages of female characters: \_\_\_\_\_

Children: \_\_\_\_\_

On a separate sheet of paper, please provide a description of the show and include a statement about why you believe this show would be the right fit for GCT and the Torrington community based on our mission statement above. Thank you.

\_\_\_\_\_

Signature of Submitter: \_\_\_\_\_

Signature of Proposed Director (if different from the Submitter): \_\_\_\_\_

Goshen Community Theatre  
PO Box 721, Torrington, WY 82240  
email: gocotheatre@gmail.com