

# Cherryville Little Theatre 2020 Production Proposal

The Board of The Cherryville Little Theatre slates productions and projects largely on the merits of the information provided by the prospective Directors. Please give careful and complete consideration to the information you submit.

## **BASIC INFORMATION:**

PRODUCTION TITLE: \_\_\_\_\_

DESIRED PRODUCTION PERIOD: (circle all that apply) Winter Spring Summer Fall Holiday

WEEKS REQUIRED FOR REHEARSALS: \_\_\_\_\_ AGE RANGE OF CAST: \_\_\_\_\_

AUTHOR(S): \_\_\_\_\_ PUBLISHER: \_\_\_\_\_

NUMBER OF CHARACTERS: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

PROPOSED WEEKENDS: (circle) 1 OR 2 PROPOSED TOTAL NUMBER OF PRODUCTIONS: \_\_\_\_\_

SPECIAL SHOWS: \_\_\_\_SCHOOL PRODUCTIONS \_\_\_\_OTHER: EXPLAIN: \_\_\_\_\_

DESCRIPTION OF ANY MAJOR LIGHTING AND/OR SOUND EFFECTS REQUIRED: \_\_\_\_\_

DESCRIPTION OF MAJOR SET, SCENIC, AND/OR STAGE PROPS REQUIRED: \_\_\_\_\_

## **Director's Information:**

Director's Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name of Musical Director: \_\_\_\_\_

Full Name of Choreographer: \_\_\_\_\_

Please list the last three productions you have directed

Year	Theatre	Production

Any additional information Director would care to share with the CLT board:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUDGET ESTIMATE FOR THIS PRODUCTION:**

Stage Fees:

Sets: \$ \_\_\_\_\_  
Props: \$ \_\_\_\_\_  
Costumes: \$ \_\_\_\_\_  
Special makeup: \$ \_\_\_\_\_

Technical Fees:

Technical Assistances: \$ \_\_\_\_\_  
Special effects: (Lights, Flying, etc) \$ \_\_\_\_\_  
Musician Fees: \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Production Budget: \$ \_\_\_\_\_

<b><i>Licensing Fees: (This information will be completed by a CLT board member)</i></b>	
<i>Number of Productions:</i>	\$ _____
<i>Royalties per Performances:</i>	\$ _____
<i>Scripts Required:</i>	\$ _____
<i>Musical Scores Required:</i>	\$ _____
<i>Playbills, posters and etc</i>	\$ _____

The Cherryville Little Theatre Board of Directors will consider this proposal and vote on submittals during the November 2019 Meeting

**Options for Submissions of Proposals:**

**Email:**

thesarahsandoval@gmail.com

**Mail:**

Cherryville Little Theatre  
PO Box 412  
Cherryville, NC 28021

**Deliver:**

Cherryville Little Theatre Board of Directors Meeting  
1st Tuesday of the month 7 PM

**Deadline to submit October 31st, 2019**