

**SIoux CITY COMMUNITY THEATRE
SEASON 62
APPLICATION TO DIRECT AT SCCT**

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____ CELL _____

SHOWS INTERESTED IN DIRECTING _____

WHY DO YOU BELIEVE YOU ARE THE MOST QUALIFIED APPLICANT TO DIRECT THIS PRODUCTION? WHAT SPECIAL TALENTS, EXPERIENCE AND INSIGHT DO YOU BRING TO THIS PROJECT? (ATTACH ADDITIONAL PAGES IF NEEDED)

WHAT IS YOUR INTERPRETATION AND CONCEPT OF THIS PRODUCTION? DO YOU SEE ANY REASON TO CHANGE THE TRADITIONAL CASTING OF THE SHOW IN ANY WAY? (ATTACH ADDITIONAL PAGES IF NEEDED)

ARE THERE ANY SPECIAL NEEDS YOU WOULD HAVE IN STAGING THIS PRODUCTION?

I AM AWARE OF THE SCHEDULED PRODUCTION AND AUDITION DATES AND ACKNOWLEDGE THAT REHEARSALS SHALL BEGIN APPROXIMATELY SIX TO EIGHT WEEKS PRIOR TO OPENING NIGHT. I PROVIDE THIS INFORMATION TO SCCT FOR THE USE OF SELECTING DIRECTORS, AND I UNDERSTAND THAT IT WILL BE USED ONLY FOR THAT PURPOSE.

SIGNATURE _____ DATE _____

DEADLINE FOR APPLICATION IS JUNE 15, 2009

PLEASE MAIL THE COMPLETED APPLICATION TO: SIOUX CITY COMMUNITY THEATRE
1401 RIVERSIDE BLVD.
SIOUX CITY, IA 51109