



Buck Creek Players

2017 - 2018 Program Selection Submission Form

Personal Information

Name:

Street Address:

City: State: Zip:

Primary Phone: Alternative Phone:

E-mail:

Production Submission Information

Title:

Author(s):

Licensing Contact (if known):

Type of Submission (mark one): ☐ Drama ☐ Comedy ☐ Musical

Available and Preference of Production Timeframe:

Please rank with "1" being your first choice and "6" being your last choice. If a slot is not available for you, use "N/A"

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Opening/Fall (Sept./Oct.)	Holiday (December)	Winter (Jan./Feb.)	Spring (March/April)	Early Summer (May/June)	Summer Youth (July/Aug.)

Director's Vision & Other Useful Information

Please include a description of your vision for the piece and any additional information you think would be useful for the committee to understand regarding this submission.

If submitting multiple pieces, please submit a Program Selection Submission Form for each piece and include all information requested above. Please return this form with one (1) photocopy or scanned pdf file of each submission and any necessary recordings by the submission date. Submissions must be e-mailed or postmarked by this date to be accepted. Any submissions received after this deadline may not be considered.

Deadline for Submissions is: Saturday, August 20, 2016

Please submit to: E-mail: buckcreekplayers@yahoo.com
USPS: Buck Creek Players - Attn: Program Selection - 11150 Southeastern Avenue - Indianapolis, IN 46259