Student Directing Projects

PROPOSAL FORM (Winter Quarter 2018)

Electronic fillable pdf copy available upon request

Proposer: ____________________________________________ Date: ________________

Phone: ____________________________ Email: ________________________________

Faculty Advisor: _________________________________________________________

PROJECT

Title of Production: ______________________________________________________

Playwright: ______________________________________ Run Time (noting intermission): ______________________________________

DATES & TIMES

Tech/Dress Rehearsal Date(s) - please check all that apply:

- Friday, March 9th
- Saturday, March 10th
- Sunday, March 11th
- Monday, March 12th
- Tuesday, March 13th
- Wednesday, March 14th

Performance Date(s) and Time(s) - please check all that apply

- Wednesday, March 14th 7:00p  8:00p  Preview  Performance
- Thursday, March 15th 7:00p  8:00p  Preview  Performance
- Friday, March 16th 7:00p  8:00p  Preview  Performance
- Saturday, March 17th 2:00p  7:00p  8:00p  Performance

COLLABORATORS

Where appropriate, please list other students who may be involved as part of a production team. Please note - conversations with collaborators should emphasize that the project is pending approval and thus should not impede commitments to other Departmental productions and/or opportunities:

Stage Manager __________________________ Costumes __________________________

ASM __________________________ Props __________________________

Lighting __________________________ Sound __________________________

Scenic __________________________ Run Crew __________________________

(4/14/17)
PRODUCTION LOGISTICS

Please describe any and all "unusual" production elements such as live music, large casts, water, fire, special effects, etc:

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Cast Requirements (numbers):

- Male Roles
- Female Roles
- Non-Gender Specific
- Walk-Ons/Extras

Casting an actor(s) in multiple roles is... (check one):

☐ possible  ☐ not possible  ☐ not needed/inadvisable

Cross-gender or non-traditional casting is... (check one):

☐ possible  ☐ not possible  ☐ not needed/inadvisable

BUDGET

REMINDER – if approved, the project should be produced with a focus on the acting and directing with minimally enhanced production values

- Royalties $_______________
- Scenic/Props $_______________
- Costumes $_______________
- Sound $_______________
- Publicity $_______________
- Programs $_______________
- Other $_______________
- Other $_______________

TOTAL BUDGET $_______________

- Anticipated Ticket Price $_______________
- Anticipated Ticket Revenue $_______________
- Anticipated Other Funding $_______________

Source: ____________________________

ANTICIPATED TOTAL INCOME $_______________

Are you looking for departmental funding support?*  ☐ YES  ☐ NO

If YES, how much?  $_______________

*Department often will pay the costs associated with performance royalties

Are you able to proceed with the project if departmental funding is not available?  ☐ YES  ☐ NO

(4/14/17)
RATIONALE

(may use and attach additional paper as necessary)

Synopsis/description of proposed project:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Production concept:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Why this show? What are you looking to achieve? What are your goals in directing this project?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
I have read the Theatre and Dance Department’s Student Directing Projects GUIDELINES and agree to adhere to all policies therein. I understand that approval of this proposal constitutes a contract that I am entering with the Department.

__________________________________________  __________________________
Student Proposer Signature                          Date

☐ YES      ☐ NO

__________
Department Chair

________________________
Date