

Grand Island Little Theatre

Show Director Application



General Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Experience

Directing Experience

Name of Show	Theatre	Location	Year

Please attach additional sheets as necessary.

Stage/Crew Experience

Name of Show	Part or Position	Year

Please attach additional sheets as necessary.

Education, Awards, or Accolades

Show Preferences

Please rank the following genres 1 through 8 in the order in which you prefer them.

_____ Comedy _____ Holiday Shows _____ Musicals _____ Shows with Children
_____ Drama _____ Variety Shows _____ Mystery _____ Edgy/Challenging Shows

If directing a musical, would you prefer: drama director music director *Please circle one.*

Are you willing to be a mentor or have an assistant director? Yes No *Please circle one.*

What shows are you interested in directing?

If you are interested in a specific show, what excites you about that show?

What is your preferred cast size? _____

Additional comments

I acknowledge that I am willing to adhere to the policies and responsibilities of Grand Island Little Theatre, which will be made available to me prior to the execution of my directing duties.

I understand that first time directors will be assigned to a mentor or advisor, and the Grand Island Little Theatre Directors Committee may contact previous theatres listed in my experience and/or run a background check.

Signature _____ Date _____