

**Pinole Players Community Playhouse**  
**Guest Director Application Form**  
(please fill out this form entirely)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Which time slot would you like to perform your production?

☐ January (musical)      ☐ March (play)      ☐ June (musical)

Please list the most recent shows you have directed:

Show Title	Theatre	Dates of Performances

**Proposed Production #1:**

Title: \_\_\_\_\_

Author/Composers(s): \_\_\_\_\_

Genre: ☐ Comedy    ☐ Drama    ☐ Musical    ☐ Other: \_\_\_\_\_

Casting:

No. of Men: \_\_\_\_\_ No. of Women: \_\_\_\_\_ No. of children: \_\_\_\_\_

Age Range: \_\_\_\_\_ Age Range: \_\_\_\_\_ Age Range: \_\_\_\_\_

Period: \_\_\_\_\_

Please describe any technical requirements: \_\_\_\_\_

\_\_\_\_\_

Describe why you want to bring this show to the Community Playhouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Proposed Production #2:

Title: \_\_\_\_\_

Author/Composers(s): \_\_\_\_\_

Genre: ☐ Comedy ☐ Drama ☐ Musical ☐ Other: \_\_\_\_\_

Casting:

No. of Men: \_\_\_\_\_

No. of Women: \_\_\_\_\_

No. of children: \_\_\_\_\_

Age Range: \_\_\_\_\_

Age Range: \_\_\_\_\_

Age Range: \_\_\_\_\_

Period: \_\_\_\_\_

Please describe any technical requirements: \_\_\_\_\_

\_\_\_\_\_

Describe why you want to bring this show to the Community Playhouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest to work at the

Pinole Players

Community Playhouse

If mailing, please send your production submissions to:

The Pinole Players  
Community Playhouse  
Attention: Patti Clark  
P.O. Box 182  
Pinole, CA 94564

**Deadline for all applications is Wednesday, February 5, 2014**