



Stowe Theatre Guild Show Proposal Form Part A

Show Title:

Playwright/Author:

Lyricist:

Composer:

Publisher:

Would you be willing to direct a show from our 'most requested' list?

Production Team (*-a name is required before submitting form)

*Producer Name and Email address/phone number:

*Director Name and Email address/phone number:

Assistant Director or Advisor:

*Music Director(if applicable):

*Choreographer (if applicable):

Accompanist:

Set Designer/Decorator:

Stage Manager:

Costume Designer:

Sound Designer:

Lighting Designer:

Properties Manager:

Short Show Summary (include genre, cast size/age, orchestra size-max is 8, etc):

Director's Vision:

Slot Preference: Mid June/early July; mid July/early Aug.; mid Aug./early Sept.;mid Sept/early Oct.
Please circle and label a first and second choice