

Actors Circle Proposal for Main Season Production
(The proposed show must have been produced on Broadway or Off Broadway)
Due date: November 30, 2016
2017-2018 Season

Instructions: Fill out Part A completely. Fill out Part C as completely as possible.
If the play selection committee selects your proposal for consideration, you will
be contacted and part C must be fully completed. Submit to the chair of the Play
Selection Committee as shown below.

Part A (to be filled out by Director) (Required):

Show: _____ Director: _____

Genre (e.g., Comedy, Drama, One Acts): _____

Dates:* (indicate dates you are not available below) Number of Performances: 8

Cast Size:(M)_____(F)_____ Scripts Needed: _____ⁱ Rights Holder: _____

Brief Description of Play: _____

Special Considerations (set, costumes, lighting, casting): _____

* To be determined by the board, see tentative season schedule at actorscircle.org.

Shows are typically Thursday-Saturday at 8:00pm and Sundays at 2:00pm _____

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Part B (to be filled out by Producer):

Producer: _____

Set Designer: _____ Builder: _____

Lighting Design: _____ Light Board Operator: _____

Sound Design: _____ Sound Board Operator: _____

Properties: _____ Costumes: _____

Stage Manager: _____ House Manager: _____

Crew: _____

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Part C (to be filled out by Director with help from the Actors Circle Board where needed):

Budget Detail (attach additional sheets if more space is needed)

i Rights: \$ _____
i Scripts: \$ _____
Director Honorarium: \$ 400.00
i Publicity: Flyers: \$ _____ Mailings: \$ _____ subtotal: \$ _____

Other/Comment: _____

_____ \$ _____

i Programs: \$ _____
Set Builders Honorarium: \$ 250.00

i Materials: _____
_____ \$ _____

i Paint: _____ \$ _____

Other/Comment: _____

_____ \$ _____

Set Decoration:
i Description/Cost _____

_____ \$ _____

Lighting: Gels/GOBOs/Specials:
i Description/Cost _____
_____ \$ _____

Special Effects:
i Description/Cost _____

_____ \$ _____

Sound:

Description/Cost _____

_____ \$ _____

Properties (attach separate breakdown) \$ _____

Costumes (attach list with special requirements) \$ _____

Other Costs: (attach breakdown and justification) \$ _____

Subtotal: \$ _____

Facilities Cost (for 2017-2018 Season): \$ 3000.00 (est.)

Total: \$ _____

***Drop off your completed form to: Linda C. Griffiths, Chair of the Play Selection Committee
1256 Providence Road, Scranton, PA***

or mail to: Linda Griffiths, 418 Williamsburg Ln. Scranton, PA 18504

or email to: lgwelshgirl75@gmail.com

Contact the chair of the Play Selection Committee with any questions.