

Hovey Players, Inc.

Play Submission 2008-09 Season

Please submit this form with two copies of the script to:
Play Selection, Hovey Players, PO Box, 540101, Waltham, MA 02254-0101

Name: _____

Home Phone: _____

Address: _____

Work/Cell: _____

City: _____ St: _____ Zip: _____

Email: _____

Play Title: _____

Author: _____

Publisher: _____

Total number of actors required: _____

_____ Men _____ Women

Special cast requirements such as ethnic backgrounds, ages, children, and accents:

In your own words, describe the play:

Why do you feel this play is good for Hovey Players?

How well do you think this production will draw and why?

If you wish to direct this play, please fill out the reverse side as well.

Why do you want to direct this play?

What do you think will be the challenges in mounting this production?

Hovey production budgets are small. Do you anticipate having any particular budgetary challenges? If so, describe in detail what your needs will be.

Describe the pace of the play as you see it.

Describe any set requirements, expectations, design, vision, etc.

Do you have any production staff that you plan/hope to work with? List names and contact information:

Have you directed this play in the past? Yes No

If you have not directed for Hovey in the past, list 2 references from companies where you have directed.

Name	Position	Theater	Phone
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Please check the months you are able to direct (month production opens - show auditions about 8 weeks prior):

September November January March May

Please attach your theater resume.