ALL ABILITIES OF UPSTATE NY

PERFORMANCE PROPOSAL

PERFORMANCE: _____

PROPOSED VENUE (Must be handicap accessible, both for guests, crew & performers): _____

ALTERNATE VENUE: _____

PROPOSED DATE(S): _____ TIME: _____

CAST NEEDED: _____ # CREW MEMBERS: _____

COSTS:

VENUE: _____ RIGHTS: _____
DIRECTOR (List Name & Fee): _____
ASSISTANT DIRECTOR (List Name & Fee): _____
MUSICAL DIRECTOR (List Name & Fee): _____
CHOREOGRAPHER (List Name & Fee): _____
SOUND (List Name & Fee): _____
LIGHTS (List Name & Fee): _____
PROPS (List Name & Fee): _____
SCENIC DESIGNER (List Name & Fee): _____
COSTUMES (List Name & Fee): _____
OTHER (List Name & Fee): _____
OTHER (List Name & Fee): _____

CONTACT PERSON: _____
EMAIL: _____PH#: _____

OTHER:

_____
_____

APPROVED BY BOARD: __ YES __NO DATE REVIEWED: _____