Lakeland Players
Director Submission Form

Name: _____

Phone: _____

Email: _____

Address:_____

YOUR Availability:

- Fall _____
- Holiday _____
- Winter _____
- Spring _____
- Summer _____

Play/Musical Title: _____
Playwright: _____
Genre: _____
Cast Size: _____
Synopsis:

Do you have a production team, or do you need help finding one?

- Producer: _____
- Music Director: _____
- Choreographer: _____
- Assistant Director: _____
- Stage Manager: _____
- Costume Designer: _____
- Props: _____
- Light Design: _____
- Sound Design:_____

Why would this show be a good fit for Lakeland Players?

Please tell us about your theatre background and experience:

Do you have a unique vision in mind, pertaining to costumes, technical needs, set, etc?

Please provide a budget estimate for show-related expenses:

Is there anything else you would like us to consider when making our decision?

*Please Email back to Barbra Bloom : bbloom731@gmail.com by January 1st, 2026