ROCKINGHAM THEATRE COMPANY

**DIRECTORS SUBMISSIONS**

If you are interested in directing a play or musical at Rockingham Theatre Company, please fill out this form and return to PO Box 454 Rockingham 6168

or email [rtcinfoteam@gmail.com](mailto:rtcinfoteam@gmail.com)

Please submit script/s in either hard copy or pdf form

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| --- | --- |
| Title of proposed production: |  |
| Rights Holder: |  |
| Brief Synopsis: |  |
| Genre: |  |
| Era: |  |
| Directors Name: |  |
| Phone number: |  |
| Email Address: |  |
| Directors Experience: |  |
| Assistant Director: (If applicable) |  |
| Expected Cast Size: |  |
| Expected Performance Length: |  |
| Preferred Season: |  |
| Set Requirements: |  |
| Approximate Proposed Budget: |  |