

CITY THEATRE OF INDEPENDENCE

DIRECTOR APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PRIMARY PHONE: _____ **OTHER:** _____

PRIMARY E-MAIL: _____

Please indicate if you will arrive at the Director's interview with your own staff commitments:

Assist Director: Yes _____ No _____ **Stage Manager:** Yes _____ No _____

Sound Designer: Yes _____ No _____ **Sound Operator:** Yes _____ No _____

Light Designer: Yes _____ No _____ **Light Operator:** Yes _____ No _____

Props: Yes _____ No _____ **Costume Designer:** Yes _____ No _____

Set Designer: Yes _____ No _____

For Musicals: Choreographer: Yes _____ No _____

Music Director: Yes _____ No _____ **Accompanist:** Yes _____ No _____

Please indicate the order of your preference for the plays you are interested in directing.

1st Choice: _____ **2nd Choice:** _____

3rd Choice: _____

Would you be interested in directing a script in our Playwright Festival: _____

The interviews will be held on: Saturday, February 24, 2018

Applications must be received by: February 16, 2018

Indicate Interview time preference (check one) AM _____; PM _____; ANY _____

Please return this form with your resume' of theatrical/directing experience:

CTItickets@hotmail.com