

ALBANY LIGHT OPERA & THEATRE CO (INC) SHOW PROPOSAL FORM

PO BOX 124, ALBANY WA 6331

info@alotco.com.au

Have you checked to see if the show can be licensed for amateur theatre?

alotco.com.au

YES

NO

THEATRE: 98 42 5515 MOBILE: 0459 589 133 A B N: 75 171 375 636

ALOTCO will reimburse the cost of the perusal score if the proposed show goes ahead.

You will need to meet with the Management Committee ("The Producer") to discuss your plans for directing the show.

PLEASE COMPLETE THE FORM AND HAND/POST/EMAIL TO SECRETARY

PROPOSER'S NAME:				
DIRECTOR'S NAME: If not Pro	oposer			
SHOW TITLE:				
AUDIENCE AGE SUITABILITY:	ALL AGES/F	AMILY ADULT CO	ONCEPTS CHILE	DREN
PREFERRED PERFORMANCE D	OATES: MAY YEAR	AUGI YEAR		/DEC
BRIEF SYNOPSIS:	,	<u>'</u>	<u>'</u>	
CAST NEEDED:				
	TENANT LEADS	CIIII DDENI:	CHORUS	
MALE LEADS:	FEMALE LEADS:	CHILDREN:	CHORUS:	
TOTAL:				

Orchestral/Music Needs	Orchestra	Band	CD	Other			
Assistant Director?							
Musical Director?							
Rehearsal Pianist?							
Choreographer?							
Set Designer/Builder?							
Please list direction experience. The Company will appoint a mentor/adviser if this is your first ALOTCO production.							
COMMITTEE ASSESSMENT: TO BE COMPLETED BY SECRETARY							
Has the show been read, seen and discussed by committee?							
Is the nature of the show in line with our theatre's culture?							
Does Proposer/Director have experience?							
Has ALOTCo produced this show before? If so, when?							
Does this show require a licence? From whom?							
(Secretary to send application for licence in consultation with the Proposer/Director)							
Performance month/year preferred?							
Rehearsal Schedule?							
Is show suitable for our stage?							
Is music/orchestration too demanding?							
Are any committee members associat	ed with this proposal?						
(Committee member may have to excuse themselves from any discussion)							
Any conditions attached to acceptance of this proposal.							