

Thank you for your interest in *Jefferson Community Theatre*.

All show proposals are reviewed and voted on by the current JCT Board of Directors. Upon completion of this form, please submit it to JCT via email, mail, or in person. Please do not hesitate to contact us if you have any questions regarding this process.

JEFFERSON COMMUNITY THEATRE - SHOW PROPOSAL FORM

Show Title: _____

Author: _____ Number of Acts: _____ Cast Size: _____

Brief Description: _____

Type of Production: Play Musical Dinner Theatre Other: _____

Proposed Production Time Slot: Winter (January) at JHS Spring (February-April) at JCC Summer (July) at JHS

Fall (September-October) at JCC Other: _____

Director(s): _____ JCT Board Member

_____ JCT Board Member

_____ JCT Board Member

Producer: _____ JCT Board Member

**Have you ever directed
a theatre production?**

YES NO

**Have you ever directed
a production for JCT?**

YES NO

Please provide an estimated production budget. Please contact our office if you need help determining these numbers.

PRODUCTION COMPONENTS	ESTIMATED \$ AMOUNT	NOTES (Please make any notes you feel are necessary in defining your budget.)
Show Rights / Music: \$	_____	_____
Set / Stage: \$	_____	_____
Props: \$	_____	_____
Costumes: \$	_____	_____
Catering (if applicable): \$	_____	_____
Advertising: \$	_____	_____
Additional Costs: \$	_____	_____
TOTAL EST. BUDGET: \$	_____	_____

Please feel free to provide any additional information that you feel would be beneficial in processing your request.

Signature: _____ *I agree to and understand that all JCT productions are governed by the JCT By-Laws and Director's Covenants.*

Submitted by: _____ Date: _____

Phone: _____ Email: _____



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www.jeffersoncommunitytheatre.com

JCT USE ONLY

Received by: _____ Date: _____

Board Approval: YES NO Date: _____

Requestor Notified: YES NO Date: _____