 IPSWICH LITTLE THEATRE SOCIETY INC

 PO Box 154 Ipswich Queensland 4305

 15 Burley Griffin Drive (off Griffith Road) Ipswich 4305

 info@ilt.org.au

 **Application to Direct**

**Name**…………………………………………………………………………………..

**Telephone** ……………………………………………….**Mobile**…………………………………………..**email**……………………………………………………………………

**1 I am interested in directing**

a a major production in the Incinerator

b a one act play as part of a major season

c a one act Festival play

d a theatre restaurant season

e Other (please give details)………………………………………………………………………………………………………………………………………………..

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**2 Preferred season from a possible five** First choice……………….. Second choice ………………………

3 **Name of Assistant Director**……………………………………………………………………………………………………………………………………………….

4 **Proposed production** (Two options must be presented).

[An exception to this ruling may be made if the play is self-written or there is no risk of it not being available for performance.]

**First Play** Name of play

 Name of Playwright

 Genre (drama, comedy, farce etc)

 Expected running time (This is essential to ensure that there is a full programme or that the programme is not excessively long).

**Second Play** Name of play

 Name of Playwright

 Genre (drama, comedy, farce etc)

 Expected running time

5 **Additional information**

**Selection Committee will discuss in advance possible issues including a complicated set, contentious theme or any changes you wish to make.**

**Signature**………………………………………………………………………… **Date**…………………………………………….