## **Program Proposal for Bandon Playhouse**

Please provide your contact info, plus as much detail as possible. It is not necessary for you to know all details. Submit completed proposal at our next meeting, by mail to Bandon Playhouse, PO Box 1047, Bandon OR 97411 or email to: thebandonplayhouse@gmail.com

			Con	tact Inf	ormation			
Name						Da	te	
Phone				Email				
Proposal Summary								
Program Name								
Program Description:								
			_					
C	0.4			rogram	Details	T	Takal.	
Cast	Men:		Women:		Minors:		Total:	
	Roles/technicians to be filled by:   pre-cast   open auditions  Note: BPH discourages precasting unless role(s) require specific skills. If you							
Technic	recommend precasting (actors, directors, etc), please explain on a separate sheet.  Mark all unique items required by contract or to adequately stage this program							
	<b>4.</b>	Lightin		Sound		Design	☐ Musicians	
Explain all marked items:								

Royalties	Do you own the rights to this program? ☐ Yes ☐ No
	If no, do you have any ownership and/or royalty info? ☐ Yes ☐ No
	If yes, provide details:

## Miscellaneous

Target	Please indicate the target audience for this program					
Audience	☐ Family ☐ Adult ☐ Special interest (explain):					
Subject Matter	List any potentially controversial subject matter (profanity; nudity; political view, religion, race, sexuality, etc)					
Why us?	Please explain how you feel this program is a good match for the Bandon Playhouse and Bandon community:					
Other	Let us know any other details you feel are important when considering this proposal.					

If there are additional factors or requirements for this production, please attach a separate page detailing those requirements. We will contact you to confirm receipt and if additional information is needed. We attempt to make final decisions on submitted proposals within 30 days of receipt.

Thank you for considering the Bandon Playhouse for your proposal!