

**High Springs Playhouse  
Director's Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Theater Experience** (Please begin with applicable directing background. Include other theatrical experience. Attach resume if available.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What play do you wish to produce? Why? Please include one copy of the play with your submission.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to direct for the High Springs Playhouse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to receive a copy of our Director's Handbook via e-mail prior to your interview?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Applications are due by January 15, 2016 and should be sent to:  
High Springs Playhouse, P.O. Box 1518, High Springs, FL 32655  
Don't forget to include one copy of the script you want to produce.**