Application to direct Youth Wing Garden Theater

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ \*\*Please print legibly\*\*

Years in Youth Wing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email again\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any previous experience with Youthwing Garden Theater?\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your experience in the Youthwing Garden Theater:

Briefly describe your general Youthwing and or other ACT experience:

Why do you want to direct Garden Theater? (What is your goal, vision? What can you bring to garden theater?) You may use the back.

Garden Theater expectations:

If I am selected to direct garden theater I understand and agree to the following:

1. As director, I will meet with the adult mentors a for a minimum of 2 pre production meetings where we will discuss play selection, rehearsal times and expectations.

2. I understand that the play I select should use between 10-15 actors and must be approved by the adult mentors.

3. I agree to be prompt in replying to emails and other communications regarding garden theater.

4. I understand that while I am the director, I am not the final authority. I am under the direction and supervision of the adult mentors and they have the final say.

5. I understand that I must be present at all the garden theater tech week rehearsals and performances unless there are extenuating circumstances such as an emergency. Vacations and trips are not considered emergencies.

6. I understand that Garden theater shows are generally during the 3rd week in June.

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Name