

**SoLuna Studio Guest Director Program**  
**Proposal Cover Page**

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

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Project: \_\_\_\_\_

**Creative Team Members**

Please note: your creative team may be as large or small as you wish. If any of the following positions don't apply to your project, write NA. The size of your creative team will not affect the success of your proposal

Assistant Director: \_\_\_\_\_ Crew Member: \_\_\_\_\_

Musical Director: \_\_\_\_\_ Crew Member: \_\_\_\_\_

Choreographer: \_\_\_\_\_ Crew Member: \_\_\_\_\_

Stage Manager: \_\_\_\_\_ Other: \_\_\_\_\_

Tech Director: \_\_\_\_\_ Other: \_\_\_\_\_

**Schedule**

Please see the available 2016 performance dates on the information sheet. You may list multiple options.

Performance Weekend(s): \_\_\_\_\_

Number of Performances: \_\_\_\_\_

Approximate number of rehearsal hours: \_\_\_\_\_

**Please submit a written proposal which includes all of the following:**

- Description of your event
- Details of your audition/rehearsal process
  - When and how the show will be cast
    - How many cast members will participate
  - Rehearsal Schedule
  - Rehearsal and Show Requirements (IE, stage, piano, dance mirrors, etc.)
- Budget Breakdown
  - Rights
  - Costumes
  - Props
- Fundraising Ideas

Please submit this cover page and your written proposal to [SoLunaStudioNY@gmail.com](mailto:SoLunaStudioNY@gmail.com)

**You will be contacted by SoLuna Studio within one week of submitting your proposal to set up a meeting to discuss your project.**

**Thank You!**