



Buck Creek Players

2018 - 2019 Program Selection Submission Form

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

E-mail: _____

Production Submission Information

Title: _____

Author(s): _____

Licensing Contact (if known): _____

Type of Submission (mark one): Drama Comedy Musical

Available and Preference of Production Timeframe:
Please mark which type of submission you are submitting for consideration

Summer Youth
(July/Aug.)

Holiday
(December)

Director's Vision & Other Useful Information

Please include a description of your vision for the piece and any additional information you think would be useful for the committee to understand regarding this submission.

If submitting multiple pieces, please submit a Program Selection Submission Form for each piece and include all information requested above. Please return this form with one (1) photocopy or scanned pdf file of each submission and any necessary recordings by the submission date. Submissions must be e-mailed or postmarked by this date to be accepted. Any submissions received after this deadline may not be considered.

Deadline for Submissions is: Wednesday, October 11, 2017

Please submit to:	E-mail: info@buckcreekplayers.com
USPS:	Buck Creek Players - Attn: Program Selection - 11150 Southeastern Avenue - Indianapolis, IN 46259