

Producer Production Artist Form

Production Name:

Producing Company:

First Performance Date:

Please return completed form at least 14 days before first performance indicated above.

Original script or adaptation?(yes/no):

| Actin | i <u>g Company</u> | | |
|---------------------|------------------------------|---|---------------|
| | merging artists with an '*') | | (please indi |
| Artist Name | Is this a leading or | * | |
| | supporting performance? | | Posi |
| Ex) Sarah Brightman | Leading | | |
| Christine | | |] |
| Ex) John Doe | Supporting | * | |
| As Cast | | | Se |
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| | | | Costum |
| | | | Lightin |
| | | | Sound Design |
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| | | | Music |
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Creative Company

(please indicate any emerging artists with an '*')

| Position | Artist Name | * |
|--------------------------|-------------|---|
| Dlovavright | | |
| Playwright: | | |
| Set Designer: | | |
| Costume Designer: | | |
| Lighting Designer: | | |
| Sound Designer/Composer: | | |
| Musical Director: | | |
| Director: | | |

<u>OTHER</u>

| | (please indicate any emerging artists with an '*') | | | | | |
|---|--|-------------|---|--|--|--|
| | Position | Artist Name | * | | | |
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Updated August 2018