



Director Application

Name: _____

Address: _____

Contact Info: _____
(home phone, work phone, cell phone, email, etc.)

Thank you for your interest in directing. Please indicate your preference by numbering the shows below...1 being your most preferred. *(If there are any shows you not interesting in directing please mark these N/A).* Once this form has been submitted, an ACT representative will contact you about the next steps in our application process. Please contact the Theater Manager at (605) 996-9137 or mitchellact@santel.net.

Show	Dates	Preference
The King & I (Musical)	August 5, 6, & 7 August 12, 13, & 14	
Come Blow Your Horn	September 30, October 1 & 2 October 7, 8, & 9	
White Christmas (Musical)	December 2, 3, & 4 December 9, 10, & 11	
A Few Good Men	Feb 24, 25, & 26 March 2, 3, & 4	
Cabaret (Musical)	May 4, 5, & 6 May 11, 12, & 13	

A synopsis of each play is attached.

1. Please list all of your past theater experience, i.e. acting, directing, stage managing, tech, etc.

2. Briefly explain your interest directing the above selected show(s)

3. Describe your strengths as a director. Are there any aspects of directing you would find challenging?
