



Trumbull New Theatre, Inc.

5883 Youngstown-Warren Road _ Niles, Ohio 44446
(330) 652-1103

Mailing Address: P. O. 227, Niles, Ohio 44446
e-mail Address: webmaster@trumbullnewtheatre.com

October 24, 2008

RE: Trumbull New Theatre 2009-2010 Season

Dear Potential Director:

Once again TNT is at the point in time where the Board of Trustees must consider the Season for 2009-2010.

Because of your past proven experience on our stage and/or other community theaters, it is our hope that you would consider sharing your directorial talents with TNT.

A couple of details regarding our season which may influence your decision:

- All productions run three (3) weekends – both musicals and non-musicals.
- Our musicals, however, have an additional Sunday matinee.
- There will be no more than four (4) package houses for each production.
- All productions now close with the public matinee performance so set strike is accomplished without going into the early hours of Sunday!

If you are interested in directing for us next season, we would love to hear from you! Please complete the enclosed 2009-2010 Play Submittal Form. As you will see, this year we are requesting you provide us with additional information in order to help us determine which production(s) would best fit our season.

The Committee must receive your completed forms **no later than Saturday, November 22, 2008**. The Committee will circulate the scripts and then meet and prepare season options for presentation to the Board of Trustees at their meeting in February.

Should you have any questions or concerns on this matter, please contact Lisa Bennett at 330-372-7664 or (mobile) 330-647-1078.

We look forward to your response!

Sincerely,

Lisa J. Bennett
Playreading Committee Chair

TNT 2009-2010 Play Submittal Form
All Forms Due by November 22, 2008

Name: _____

Proposed Show(s):

1st Choice: _____

Cast Requirements: # and ages of _____ Men _____ Women _____ Children

Set Requirements: _____

Play Synopsis: _____

Additional Information: _____

2nd Choice: _____

Cast Requirements: # and ages of _____ Men _____ Women _____ Children

Set Requirements: _____

Play Synopsis: _____

Additional Information: _____

3rd Choice: _____

Cast Requirements: # and ages of _____ Men _____ Women _____ Children

Set Requirements: _____

Play Synopsis: _____

Additional Information: _____

Below, please select the time slot in order of preference with #1 as the month you would like to direct; #2 as an alternate month, #3 and so on. If you only mark one time slot, it is assumed that this is the only time you are available to direct your selected show.

First Choice:

September _____

November _____

January _____

March _____

May _____

Alternate Choice:

September _____

November _____

January _____

March _____

May _____

Comments: _____

Unless your show(s) are truly WELL known, **please submit at least one copy of the script** OR indicate which leasing house owns the rights so we can order the script for reading and consideration. (NOTE: Scripts provided by directors will be returned in February)

Return your completed form to: Lisa Bennett, 848 Kenmore Ave NE,
Warren, OH 44483 **by November 22, 2008.**