

APPLICATION



**CINCINNATI
DIRECTORS
COMPETITION**

CONTACT INFORMATION

Title of show

Written or created by

Director's Name

From (city, state or country)

Estimated length of piece

General Category of piece (please circle):

COMEDY DRAMA MUSICAL
PERFORMANCE ART
PUPPETRY OTHER: _____

Please write a brief description of your piece. This information will be used in arranging the competition schedule.

First Name

Last Name

Address

City

State

Zip

Phone (day)

Phone (evening)

E-mail address

HOW TO APPLY

1. Complete this form entirely.
2. Attach a **non-refundable \$20 application fee**.
Make all checks payable to **New Edgecliff Theatre**.
3. Attach a bio of the director, and a headshot and resume if possible.
4. Enclose the application, bio and application fee in a single envelope and mail to:
Cincinnati Directors Competition
c/o New Edgecliff Theatre
1612 Otte Ave.
Cincinnati, OH 45223
Application must be received by January 26th, 2009.
5. You will be notified of acceptance into the competition *no later than* February 1, 2009.
6. **If accepted**, will be given a competition agreement. Please and sign the agreement, then mail it to the Competition with a **\$75 entrance fee**. Your place in the competition will not be confirmed until entrance fee is received.