

The Clemson Little Theatre 2019 – 2020 Season

Director's Name: _____
Last First Middle (Nickname)

Address: _____
Street Address or PO Box

City State Zip

Telephone: _____ Email: _____

Declaration of interest: Interested () Not interested ()

Comments: _____

Tentative performance dates. Please check (x) time slots for which you would like to direct:

1. () CLT – September 6-8 & 13-15, 2019
2. () **CAYT** – October 18-20 & October 25-27, 2019
3. () CLT (Christmas) – December 6-8 & December 13-15, 2019
4. () CLT – January 24-26 & January 31-February 2, 2020
5. () **CAYT** – March 6-8 & 13-15, 2020
6. () CLT – May 1-3 & May 8-10, 2020

Consider me for: CLT () CAYT () Either ()

Note: The Christmas show may be primarily adult, primarily youth, or a mixture of both.

List any shows that you would like to have considered:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Please note if you will have special needs: music director, choreographer, recorded music or number of musicians, period costumes, etc.

Send completed form to:



The Clemson Little Theatre
PO Box 1625
Clemson, SC 29633-1625

Or E- mail

To: Bpshull@gmail.com
cc: CLTplays@gmail.com