



**Ann Arbor Civic Theatre (a2ct)  
Director Application for Studio Series**

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number(s): Day: \_\_\_\_\_ Night: \_\_\_\_\_

e-mail address: \_\_\_\_\_ (print clearly)

Title of Show: \_\_\_\_\_

Playwright: \_\_\_\_\_

Number of roles: M \_\_\_\_\_ F \_\_\_\_\_

Why do you think this is a good show for the Studio Theater? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information to Submit**

- Statement of your vision for the production.
- Resume and 3 references (if new to directing at A2CT)

Thank you for submitting your application to A2CT!  
Please e-mail or mail this application along with the required information by March 26.  
Ann Arbor Civic Theatre  
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Ann Arbor, MI 48104  
manager@a2ct.org  
Ph: 734 971-2228