

Buck Creek Players 2024 - 2025 Program Selection Submission Form

Personal Information				
Name:				
Street Address:				
City: State: Zip:				
Primary Phone: Alternative Phone:				
E-mail:				
Production Submission Information				
Title:				
Author(s):				
Licensing Contact (if known):				
Type of Submission (mark one): Drama Comedy Musical				
Is this a Youth Production (18 years and younger)? Yes No				
Available and Preference of Production Timeframe: Please rank with "1" being your first choice and "5" being your last choice. If a slot is not available for you, use "N/A"				
Opening/Summer Fall Holiday Winter Spring Early Summer (July/Aug.) (Sept./Oct.) (December) (Jan./Feb.) (March/April) (May/June)				
Director's Vision Statement				
Please include a description of your vision for the piece. Please include any information about your vision that would be useful for the committee to understand regarding this submission. Additional information can be attached if necessary.				
IDEA Principles - Inclusion - Diversity - Equity - Access				
Will this production address any of the IDEA principles? Please check principles it will address:				
Inclusion Diversity Equity Access				

how will the identified IDEA principles be addressed or included in the production? Please include any information on how you propose to incorporate these principles into your production.					
Productions will be considered regardless of the number or type of IDEA principles that are incorporated. If you are unsure if IDEA principles can be incorporated into your production or you do not have something specific to include, please indicate that in the narrative.					
Production Staff					
Do you have and tentative/premilinary commitments to fill the following staff positions? Please indicate which posistions and the name of the person filling that position. These are not firm commitments and the submission will be considered regardless of these tentative/preliminary commitments.					
	Producer	Name:			
	Technical Director	Name:			
	Music Director	Name:			
	Lighting Designer	Name:			
	Sound Designer	Name:			
	Costume Designer	Name:			
	Properties Designer	Name:			
	Stage Manager	Name:			
Additional Information for Consideration					
Please include any additional information you think would be useful for the committee to understand regarding this submission. This could include information on the production, your personal goals for the production, or unusual aspects you want to ensure have been communicated regarding the production. Additional information can be attached if necessary.					
If submitting mulitiple pieces, please submit a Program Selection Submission Form for each piece and include all information requested above. Please return this form with two (2) photocopies or a scanned pdf file of each submission and any necessary recordings by the submission date. Submissions must be e-mailed or postmarked by this date to be accepted. Any submissions received after this deadline may not be considered. Please do not send submission via FedEx or UPS.					
	Deadline for Submi	ssions is:	Saturday, September 30, 2023		
Please s	Please submit to: E-mail: info@buckcreekplayers.com				

USPS: Buck Creek Players - Attn: Program Selection - 11150 Southeastern Avenue - Indianapolis, IN 46259