

REPertoire

Please list repertoire. Exclude booked-in events.

| | Title | Author | # of Performances |
|------------------------|---------------|--------|-------------------|
| CURRENT SEASON | Production #1 | | |
| | Production #2 | | |
| | Production #3 | | |
| | Production #4 | | |
| | Production #5 | | |
| | Production #6 | | |
| PREVIOUS SEASON | Production #1 | | |
| | Production #2 | | |
| | Production #3 | | |
| | Production #4 | | |
| | Production #5 | | |
| | Production #6 | | |

Regular season dates: From _____ To _____ (e.g., From May to August)

GENERAL INFORMATION

Describe the creative impulse and artistic direction of your theatre, and its relationship to your community:

Describe regular programs and activities of your organization (training, children's theatre, workshops, school programs, publications, etc.):

Describe any significant operational changes planned for the coming year:

Have you applied to TCG before? (circle one) Y N If so, when? _____

CHECKLIST

Be sure to enclose with this questionnaire all of the following:

- | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> IRS exemption letter | <input type="checkbox"/> Printed schedule or subscription brochure for upcoming or current season |
| <input type="checkbox"/> Financial statements for most recent fiscal year (audited, if possible) | <input type="checkbox"/> List of officers and board members with professional affiliation |
| <input type="checkbox"/> Income and expense budgets for current and upcoming seasons | <input type="checkbox"/> List of names and titles of all paid staff and company members |
| <input type="checkbox"/> Complete set of programs for most recent season | <input type="checkbox"/> Articles or reviews of your theatre's work (optional) |

Signature of Artistic or Administrative Head _____

Title _____

Date _____

RETURN SIGNED APPLICATION & REQUESTED MATERIALS TO: DIRECTOR OF MEMBERSHIP

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