

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

Theatre Communications Group
 520 Eighth Avenue 24th Floor New York NY 10018-4156
 T 212 609 5900 F 212 609 5901 www.tcg.org