

ABN 91 994 499 750

**P RO DU C T IO N P RO PO SA L**

PERSONAL DETAILS

Name:

Address:

Post Code:

Phone: Mobile:

Email:

Name of Production:

Author/s: Genre (drama, comedy, musical etc.):

Cost of royalties per performance: Are Performing Rights available?

Cast (& ages): M:

F:

Your motivation as Director:

When would you like to do this production?

Set Requirements:

Tech Requirements:

Synopsis of script *(please also attach a copy of the script)*:

Your theatrical CV *(feel free to attached a separate document)*:

For further information contact: Susan Dearnley on 0413 147 300 or Russell Krause on 0408 152 939.

Please return this form, budget details and attachments to: The Production Committee, PO Box 3, Noosa Heads, Qld. 4567 OR email to [russ@zestfactor.com.au](mailto:russ@zestfactor.com.au)

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