**Kelvin Players APC Play Submission**

Please return to the APC Chairman or member of the APC with a copy of the script.

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| --- | --- |
| **Play** |  |
| **Author:** |  |
| **Performing Rights holder:** |  |
| **Director:** |  |
| **(If Applicable) Production Manager:** |  |
| **Proposed venue:** |  |
| **Proposed date/slot:** |  |
|  |
| **Brief synopsis of play:** |
| **Any unusual Cost/Budget requirements (No need to submit a detailed budget breakdown):** |
|  |
| **Cast (Number / Gender / Age range / Other restrictions):** |
|  |
| **Costumes (Period etc.):** |
|  |
| **Set (Overview):** |
|  |
| **Lighting / Sound / Effects required:** |
|  |
| **Publicity:** |
|  |
| **Any other Information:** |