



# theatreWashington

## Theatre Organization Application

(PLEASE COMPLETE ALL SECTIONS)

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### Theatre/Organization Information

Theatre/Organization Name:

Business Street Address:

City:

State:

Zip:

Performance Location (If different than above):

Street Address:

City:

State:

Zip:

Phone (Admin):

Phone (Box Office):

Website:

### Contacts

Name

Phone

Email

Theatre Coordinator (Main Contact):

Artistic Director:

Managing Director:

Marketing Contact:

Development Director:

**Does your organization have or are you pursuing 501(c)3 non-profit status?**

Yes

Pursuing

Not Applicable

**Does your organization (Indicate all that apply):**

produce theatre

provide theatre training

do developmental readings & workshops

provide support to the theatre community

**Does your organization operate under any of these contracts:**

Actor's Equity Association

We use Non-Union artists

Actor's Equity Association Guest Artist

**What is your organization's mission statement?**

**What year did your organization begin operation?**

**How many seasons have you produced?**

**Please list your production history: (Please send a program from each of the listed productions.)**

Show Title	Dates	# of Performances	Venue
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**Please list your planned productions during this calendar year:**

Show Title	Dates	# of Performances	Venue
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Is your organization a professional theatre?      Yes      No

Are all artists compensated?      Yes      No

Have you obtained all appropriate performance rights?      Yes      No

## **Theatre Representative:**

Name:

Date:

Signature:

Please return to Michael Kyrioglou, Theatre Services Manager, at:  
mkyrioglou@theatrewashington.org  
or fax 202-625-1238

## **theatreWashington Representative:**

Name:

Date:

Signature:

1825 Connecticut Avenue, NW  
Suite 100  
Washington, DC 20009

### **FOR OFFICE USE ONLY**

**This organization should be considered for:**

The John Aniello Award for Outstanding Emerging Theatre

The Helen Hayes Awards

Not interested or applicable