



SEASONAL LISTING FORM

Name of Theatre: _____ -- _____ Season
 Type of Equity Contract Operating Under: _____ Category Size or Tier: _____
 Contact Person: _____ Position: _____ Phone: _____

Main Stage Productions: # of Seats _____		Ticket Prices _____		# Performances/week _____			
Title of Each Play	1st Reh Date	Opening Date	Closing Date	# AEA SM/ASM	# AEA Actors	# Non-AEA	Total Cast Size
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Indicate Additional ASM w/^ (LORT Only)							
Indicate Musicals w/*				TOTALS:			

Weekly Performance Schedule (Please check the applicable days.)

EARLY EVENINGS/MATINEES : Mon Tues Wed Thurs Fri Sat Sat Sun Sun
 EVENINGS : Mon Tues Wed Thurs Fri Sat Sat Sun Sun

Second Stage Productions: # of Seats _____		Ticket Prices _____		# Performances/week _____			
Indicate 2 nd Stage Productions w/** Indicate Tours w/***	1st Reh Date	Open Date	Close Date	# AEA SM/ASM	# AEA Actors	# Non-AEA	Total Cast Size
Indicate Additional ASM w/^ (LORT Only)							
Indicate Musicals w/*				TOTALS:			