

FLORIDA FESTIVAL OF NEW MUSICALS APPLICATION

	Date:	
APPLICANT INFORMATION		
Name of Applicant:		
Street Address:		
City:	State:	Zip Code:
Applicant Phone:	Alternate Phone: _	
Applicant(s) E-mail:		
SHOW INFORMATION		
Musical Title:		
Book By:		
Lyrics By:		
Music By:		
Cast Size: # Men:		
Synopsis: Please attach a brief de	scription of the show, no lon	ger than a half page.
PLEASE REFER TO THE APPL SUBMISSION REQUIREMENTS		OR INFORMATION ON
Is the musical completely original (If YES, please submit, along with t musical is original.)		from the creators that the
Does the musical contain any copy (If YES, please submit, along with t underlying rights representatives sta	his application, a signed letter	from the authors and
Does the musical contain material (If YES, please submit, along with t public domain.)	-	
***NOTE: There is no fee to a	apply or to participate in	the Festival.

The Winter Park Playhouse is a professional musical theatre, a registered 501(c) (3) nonprofit charitable organization and is proudly affiliated with Actors' Equity Association and the National Alliance for Musical Theatre.