

## 2019 FLORIDA FESTIVAL OF NEW MUSICALS APPLICATION

	<b>Date:</b>	
APPLICANT INFORMATION	<u>N</u>	
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	: # Women:	
Synopsis: Please attach a brief	description of the show, no long	ger than a half page.
PLEASE REFER TO THE APSUBMISSION REQUIREMEN	PLICATION GUIDELINES FO	OR INFORMATION ON
Is the musical completely origin (If YES, please submit a signed l	nal? YES NO letter from the creators that the mu	usical is original.)
	opyrighted material? YESletter from the authors and underly red.)	
	rial that is now in the public dor ating when the material entered th	
***NOTE: There is no fee to	o apply or to participate in	the Festival.

The Winter Park Playhouse is a professional musical theatre, a registered 501(c) (3) non-

profit charitable organization and is proudly affiliated with Actors' Equity Association and the National Alliance for Musical Theatre.