

2020 FLORIDA FESTIVAL OF NEW MUSICALS APPLICATION

	Date:	
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 lon	ger than a half page.
PLEASE REFER TO THE AP SUBMISSION REQUIREMEN	PPLICATION 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 mo	usical is original.)
•	opyrighted material? YESletter from the authors and underlined.)	
	rial that is now in the public don ating when the material entered th	
***NOTE: There is no fee t	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.