



GUIDE/RESPONDENT/SPEAKER'S BUREAU PROGRAM REQUEST FORM

Please type or print clearly. Use a separate form for each request

Theatre Name: _____ Today's Date: _____

Address Location of Performance/Program: _____

Name of Production: _____ Theatre Phone: _____

Director's E-mail address: _____

Director or President: _____ Phone: (____) _____

Director/President Address: _____ City, State, Zip: _____

Contact Name: _____ Phone: (____) _____

Contact Address: _____ City, State, Zip: _____

Contact E-mail Address: _____

Request for: Guide (Sat or Sun rehearsal recommended)
(List preferred rehearsal dates & times)

RESPONDENT SPEAKER
(List preferred performance dates, times and/or topic)

1st Choice _____

2nd Choice _____

3rd Choice _____

Speaker Topic _____

****MAKE SURE REQUESTS ARE RECEIVED 3 WEEKS. PRIOR TO DATE CHOICES.****

If requesting both a Guide and a Respondent, do you want the same person for both assignments:

Yes No No preference

Is this your first request of the season: Yes No

Who do you want the Guide/Respondent to respond to? Director only Director and Cast

Do you have a preference who we engage, if so, please list name _____

If this is your third or more request for a Guide, a Respondent or a Speaker's Bureau visit(s) for your theatre this season, please attach a check for \$35.00 per each additional visit requested.

(OCTA will pay for the first two (2) visits of a Guide, a Respondent or Speaker' Bureau person per season for your theatre- Sept/Aug.)

Signature of Director

Signature of Theatre President/Manager/Delegate

Return this form (and check, if applicable) to:

Ohio Community Theatre Association
Deb Wentz
3950 W. 157th
Cleveland, OH 44111

Phone: (216) 860-0883
E-mail: debwentz19@gmail.com

For Office Use Only:

Date Received: _____ Amount Received: _____ Date Paid: _____

Guide/Respondent/Speaker Assigned: _____ Date of Visit: _____

Guide/Respondent/Speaker Assigned: _____ Date of Visit: _____