



The Milk Can Theatre Company

Dark Night Proposal Form

Today's Date	
Your Name	
Your Title	
Phone Number	
Email	
Name of Show	
Type of Show	
Estimated Run Time	
History of Show <i>Has the show been produced before? Developed? Etc.</i>	
Synopsis of Show	
Why this show? Why now?	
Number of Performers	



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Set and Prop Needs	
Staff (director, playwright, board op, designers, etc.)	
Target Audience	
<ul style="list-style-type: none">• Please make sure that you submit this form to info@milkcantheatre.org along with a copy of your script and any bios or other support material by September 1, 2010.• If chosen for the Dark Night Series you will be contacted by September 15, 2010.• Please see our Dark Nights FAQ sheet for details on how the Dark Night Series works. It can be downloaded at www.milkcantheatre.org	

<u>For Milk Can Use Only</u>	
Milk Can Producer: _____	Performance Date: _____
Contract Signed: _____	Show Approved: _____