



# ETC

## *Educational Theater Consultation*

### APPLICATION

Submission of this form serves as a formal request by the Producing Member Company for a verbal or written consultation to be provided by an EACT Consultant on the production listed below.

Please mail completed app. along with payment (made payable to "EACT") and a copy of the script to:  
EACT ETC c/o  
Gordon Ellis  
182 Totten Pond Road  
Waltham, MA 02451

### CONSULTATION CHOICES

\$35	<input type="checkbox"/>	Verbal consultation immediately following a rehearsal
\$35	<input type="checkbox"/>	Verbal consultation immediately following a performance
\$50	<input type="checkbox"/>	Verbal consultation within two weeks of a performance
\$50	<input type="checkbox"/>	Written consultation following a performance

### COMPANY INFORMATION

Group Name:
Website:
Box Office/Ticket Phone:
Box Office/Ticket Email:

### PRODUCTION INFORMATION

Show Title:
Playwright:
Show Type: <input type="checkbox"/> Musical <input type="checkbox"/> Comedy <input type="checkbox"/> Drama <input type="checkbox"/> Comedy/Drama <input type="checkbox"/> Mystery/Thriller <input type="checkbox"/> Other

Performance Dates:
Performance Location:
Approximate Running Time:
Approximate Production Budget: \$
Approximate Number of Rehearsals:
Production Contact Name:
Production Contact Phone:
Production Contact Email:
<i>Please list any relevant information about the production which may impact the Consultant's review (i.e. – costumes were rented; show was rehearsed in a different space than it was performed in, etc.):</i>

### WRITTEN CONSULTATION DETAILS

<i>For written consultations, please specify the following:</i>	
Area of focus: <input type="checkbox"/> Technical <input type="checkbox"/> Performance <input type="checkbox"/> All Areas	
<i>For written consultations, completed ETC should be emailed to:</i>	
Name:	Email Address:
Name:	Email Address:
<i>For written consultations, completed ETC should be mailed to:</i>	
Name:	Mailing Address:
Name:	Mailing Address: