

2023 FLORIDA FESTIVAL OF NEW MUSICALS APPLICATION

Date:

Name of Applicant:		
Street Address:		
City/State:		
Applicant Phone:		
Title of Musical:		
		untry:
Email:		
		untry:
Email:		
		untry:
Email:		
Cast Size: Ca		
Synopsis: Please attach a brief desc	ription of the show, no longer than a	half page.
Twitter (if applicable): @	Instagram (if appl	licable): @
Is the musical completely original? (If YES, please submit a signed lette	YESNO r from the creators that the musical i	s original.)
Does the musical contain any copy (If YES, please submit a signed letter have been secured.)		ghts representatives stating the rights
Does the musical contain material (If YES, please submit a letter stating	-	
*NOTE: There is no fee to an	nly on to nauticinate in the Fo	ostival Dlagga mafam to the

*NOTE: There is no fee to apply or to participate in the Festival. Please refer to the application guidelines for information on submission requirements.

711 Orange Ave. Winter Park, FL 32789 * 407-645-0145 * festival@winterparkplayhouse.org