TTA Funding Application

Please forward this application for funding to the Community Theatre Chair prior to September 1 for consideration.

Name of Theatre_____

Show Title_____

Contact_____Cell #_____

Address_____

City_____State_____Zip_____

email_____

Funding request (up to $500)_____

Briefly describe the history of your theatre and why you want to bring a performance to the state conference. Include information about how you are funded and the costs associated with this request.

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Signature_____Date_____

Please return to Chad McDonald at cbm@cookeville-tn.gov by September 1