THE EMPIRE

To apply, please fill out this form and return it to the Ticket Office or email it to engagement@empiretheatre.com.au by **Thursday 4 December 2025** together with any relevant support material.

APPLICANT DETAILS (PLEASE TYPE DIRECTLY INTO THIS FORM)		PAGE 1 OF 2
PROJECT/ SHOW NAME		
IDEAL DATE/TIMING (PLEASE PROVIDE AT LEAST TWO OPTIONS)		
GROUP/COMPANY NAME (IF APPLICABLE)		
ABN (IF AVAILABLE)	NAME (MAIN CONTACT)	
ADDRESS		
CITY	STATE	POSTCODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY	STATE	POSTCODE
PHONE	MOBILE	
EMAIL	WEBSITE	

PERFORMANCE DETAILS

WHO ARE YOU AND YOUR TEAM?

PLEASE DETAIL ANY ATTACHED PHOTOS AND INDICATE WHICH ONE IS YOUR HERO IMAGE





To apply, please fill out this form and return it to the Ticket Office or email it to engagement@empiretheatre.com.au by **Thursday 4 December 2025** together with any relevant support material.

PERFORINANCE DE IALES (CONT.)	PAGE 2 OF 2
HOW DID YOU FIND OUT ABOUT THE HOMEGROWN INDEPENDENTS PROGRAM?	
WHAT TYPE OF PERFORMANCE ARE YOU PRESENTING? (EG. THEATRE, DANCE, HYBRID ETC)	
PROVIDE A BRIEF SYNOPSIS OF YOUR PRODUCT. (100-200 WORDS) THIS WILL BE USED AS THE MARKETING FOR YOUR PRODUCT. IT IS IMPORTANT TO BE CLEAR AND CONCISE AND SPEAK TO YOUR AUDIENCE.	3 BLURB
WHO IS YOUR TARGET MARKET? WHO WILL YOUR SHOW APPEAL TO?	
IF POSSIBLE, PLEASE GIVE AN INDICATION OF THE TECHNICAL REQUIREMENTS OF YOUR PRODUCT, INCLUDING IT WILL NEED AN INTERVAL AND ANY SPECIAL CONSIDERATIONS.	rING: LENGTH,
IS THERE ANYTHING ELSE YOU NEED TO TELL US OR EXPLAIN ABOUT THE SPECIFIC TYPE AND STYLE OF T PRODUCT?	HE:
REQUIRED ADDITIONAL MATERIAL	
MARKETING IMAGE/S FOR YOUR WORK WITH PHOTO CREDITS (IF REQUIRED)	

DECLARATION

I declare that the statements made in this form are, to the best of my knowledge, complete and correct. If I am successful in gaining a place in the 2026 Homegrown Program, I will undertake to execute a contract accepting the placement, to fulfil all terms and conditions of the contract including the reporting requirements.

DETAILED SYNOPSIS/ PHILOSOPHY/ DESCRIPTION OF YOUR WORK. (1 PAGE MAX) FOR USE IN PUBLICITY

NAME	ON BEHALF OF GROUP (IF APPLICABLE)

SIGNATURE DATE

