

ADULT APPLICATION - DUE NOVEMBER 20, 2018

EMERGING PLAYWRIGHTS FESTIVAL

EVENT JANUARY 19, 2019



201 W Jefferson St • Joliet, IL 60432 • 815-724-3761

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Playwright Name (please print)_____

Title of Play_____

Street Address_____ Apt. # _____

City_____ State_____ Zip_____

Phone_____ Email:_____

Read and Complete this Checklist

- | | |
|---|--------------------------|
| I am age 18 or older | <input type="checkbox"/> |
| The play I am submitting is between 10 and 15 pages | <input type="checkbox"/> |
| I am the only writer of this play | <input type="checkbox"/> |
| I have included my name and title on the front page of the script | <input type="checkbox"/> |
| I have provided a separate page with character names and descriptions | <input type="checkbox"/> |
| Each page has been numbered | <input type="checkbox"/> |
| I am enclosing two typed copies of my play with my application | <input type="checkbox"/> |

I HEREBY ASSERT THAT THE ENCLOSED PLAY IS AN **ORIGINAL** WORK signed

Playwright (signature)_____

Date_____