## **TEEN APPLICATION - DUE SEPTEMBER 15, 2019**



## EMERGING PLAYWRIGHTS FESTIVAL 2020



SUBMIT THIS FORM & PLAY BY 9/15/19 SELECTION MADE BY 10/3/19 AUDITION FOR ACTORS 10/5/19 AT 6:30 PM PRESENT PLAY AT **3<sup>RD</sup> EMERGING PLAYWRIGHT'S FESTIVAL** 1/18/20 AT 7:00 PM

Playwright Name (please print)	
Title of Play	
Street Address	Apt. #
City	State Zip
Phone	Email:
Parent/Guardian Phone	Email:
Grade Age Scho	ol
Teacher/Mentor	

Read and Complete this Checklist	
I am between the ages of 12 and 17 years old	
I am currently enrolled in eighth grade or high school	
The play I am submitting is between 10 and 15 pages	
I am the only writer of this play	
I have included my name and title on the front page of the script	
I have provided a separate page with character names and descriptions	
Each page has been numbered	
I am enclosing two <b>typed</b> copies of my play with my application	
A parent or guardian has signed this application	

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

 Playwright (signature)
 Date

 Parent/Guardian (printed)
 Date

 Parent/Guardian (signature)
 Date