



Charles M. Getchell New Play Contest Application

Entries will be accepted between March 1 and June 1, annually.

Name: _____

Address: _____

City, State, Zip Code: _____

Phone (Cell): _____ (Home): _____

Email Address: _____

Title of Play: _____

Brief Synopsis:

Production History (Please include dates):

Has this play been submitted to this contest before?

Yes If so, when? _____

No

I have read the terms and regulations of the Charles M. Getchell New Play Award (Guidelines).

I hereby agree to the terms and regulations of the Charles M. Getchell New Play Award.

My script has not been published and has not been professionally produced.

Please select "SAVE AS" to save your application as a new document.

Signature: _____ Date: _____