



May 7th – 9th, 2010 Application Form

PLEASE COMPLETE THE FOLLOWING TO APPLY:

Playwright: _____

Title of Play: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Grade: _____ Age: _____

Teacher / Mentor: _____

School / Organization: _____

	Yes	No
I am currently enrolled in Middle or High School (Grade 6 - 12):	<input type="checkbox"/>	<input type="checkbox"/>
The play I am submitting is between 10 and 15 pages:	<input type="checkbox"/>	<input type="checkbox"/>
I have included the title of my play on the front of the script:	<input type="checkbox"/>	<input type="checkbox"/>
I have included my name on the front page of the script:	<input type="checkbox"/>	<input type="checkbox"/>
I have included a separate page listing character names and descriptions:	<input type="checkbox"/>	<input type="checkbox"/>
Each page of my script has been numbered:	<input type="checkbox"/>	<input type="checkbox"/>
I am enclosing TWO typed copies of my play with my application:	<input type="checkbox"/>	<input type="checkbox"/>
A parent or guardian has signed the application:	<input type="checkbox"/>	<input type="checkbox"/>

I HEREBY ASSERT THAT THE ENCLOSED PLAY IS AN ORIGINAL WORK, SIGNED:

Playwright _____ Date: _____

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____ Date: _____

APPLICATIONS MUST BE POSTMARKED BY **FRIDAY, MARCH 5th, 2010**

Send Completed Application and Scripts to: Sophia Chapadjiev
Young Playwrights Festival
305 Great Neck Road
Waterford, CT 06385

QUESTIONS? Email sophia@theoneill.org. For more YPF info: www.oneilltheatercenter.org.