

2012-2013 YOUNG PLAYWRIGHTS FESTIVAL - APPLICATION

PLEASE TYPE OR PRINT

STUDENT INFORMATION (PLEASE NOTE PREFERRED CONTACT METHOD WITH AN *). It is crucial that directors be able to reach you during rehearsals for any questions they may have regarding your script. They will try to reach you at the preferred method you have marked with an *.

NAME _____ SCHOOL _____
HOME STREET NUMBER _____ GRADE _____
CITY _____ STATE _____ ZIP _____ AGE _____
EMAIL ADDRESS _____ HOME PHONE _____
(Please print legibly)

SPONSORING TEACHER INFORMATION (PLEASE NOTE PREFERRED CONTACT METHOD WITH AN *)

NAME _____
EMAIL ADDRESS _____ PHONE _____

TITLE OF PLAY

STUDENT

If I am selected as a finalist, I will be assigned a professional theatre mentor and agree to work with him or her to revise the play for a period of 4-5 weeks prior to rehearsal. See FAQ for details. _____ INITIAL

This confirms my intent to participate in the 2012-2013 Young Playwrights Festival. I confirm that my submission is an original work (*plagiarized materials will be disqualified*). I also confirm that, should my work be selected as one of the semifinalists or finalists, I will be able to participate in all meetings, rehearsals and the performances as necessary.

I understand that the Institute, The Old Town Playhouse and The National Writer's Series reserve the right to record, videotape and/or photograph any and all of the performance of my work and participation in any events associated with the Young Playwrights Festival, and reproduce and/or distribute all or part of these recordings or photographs and the original text of my submission as deemed appropriate without compensation.

I understand that any award I receive from the presenters and/or sponsors of the Young Playwrights Festival for my participation is non-transferable.

STUDENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

SPONSORING TEACHER

I confirm my intent to sponsor the aforementioned student's application for the 2012-2013 Young Playwrights Festival. I confirm that, should this work be selected as a finalist, I will make all appropriate arrangements for the student's release from regularly scheduled school classes and activities to participate in all meetings, rehearsals and the performances as necessary.

SPONSORING TEACHER'S SIGNATURE _____ DATE _____

MAIL APPLICATION AND PLAY SCRIPTS

WITH APPROPRIATE COVER/DESCRIPTION SHEETS TO:

YOUNG PLAYWRIGHTS FESTIVAL
ATTN: MINDA NYQUIST
C/O THE OLD TOWN PLAYHOUSE
148 E. EIGHTH ST.
TRAVERSE CITY, MI 49684

ALL ENTRIES MUST BE POSTMARKED BY

MONDAY, DECEMBER 3, 2012