

young playwrights FESTIVAL

Required Official Cover Page



Please fill out this form electronically and e-mail it to tricia@allforonefw.org along with your play **saved as a Microsoft Word document by 11:59, PM December 21**. In the case that you do not have access to a computer, please contact Tricia Marshall at (260) 310-7492.

PLEASE COMPLETE ALL SECTIONS OF THE COVER PAGE.

| | | |
|-------------------------------|--------|-----------|
| Title of your play: | | |
| Your name: | | |
| Home address: | | |
| City: | State: | Zip code: |
| Phone: | Email: | |
| Date of birth: | Grade: | |
| School Name: | | |
| Parent or Guardians' Name(s): | | |
| | | |

PLAY DESCRIPTION: Use this area to tell briefly (30 words or less) what your play is about.

| | | |
|--|----------------------|------------------|
| List of Characters*: | Time Period of Play: | Setting of Play: |
| | | |
| *Any use of a narrator is prohibited. | | |

By submitting your play to the Young Playwrights Festival, you are giving *all for One productions, inc.*, a non profit organization, permission to produce your play, or to use your play, now or in the future, for other purposes such as play readings and in published anthologies of winning plays, without money being paid to you.