

College of the Canyons

New Works Festival

Submission Form for Play, Scene or Monologue

Please submit four copies of each script, and fill out one form per script submission.

NAME: _____

TITLE OF PLAY / MONOLOGUE: _____

I have read and signed the attached waiver. Signature: _____

CONTACT INFORMATION

Address: _____ Apt./Unit: _____

Number/Street

City/Zip

Telephone Number: (_____) _____

E-mail Address: _____ (Required)

How did you first hear about the New Works Festival?
(Please check one)

- Newspaper – Which one? _____
- Flyer / Poster / Banner
- Postcard
- Instructor
- Schedule of classes
- Friend/relative/acquaintance
- Attended NWF event in the past
- New Works Festival Webpage

- Other: _____

For TLC use only:

Script I.D. Number _____
(for anonymous identification)

Date Received _____

Total Pages _____