

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 _____