

DREAM CATCHER Playwright Contest- Lake County Theatre Company-2008/2009

APPLICATION

Name:
First Last

Address:
Street/Apt.# City State Zip

Phone:().....().....().....
Hm Wk Cell

Email:

Title of Submitted Manuscript:.....

Author(s).....

Has this play been performed in whole or in part before? If so, where? When?

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This is an official submission to the DREAM CATCHER Playwright Contest 2008-2009, submitted this date..... for the purpose of this contest only. This submission has not been printed in its entirety by any commercial publishing entity or previously performed by any professional theater company. If Dream Catcher Playwright Contest selects this play, I give my permission for this play to be performed by Lake County Theater Company. I understand that this submitted copy will not be returned to I further understand that this play will not be performed without my express permission.

Author.....Date.....
Signature of author

Co-author.....Date.....
Signature of co-author

Received
Date

by.....
Name