

ONE-ACT

PLAYWRITING COMPETITION



ENTRY FORM

AUTHOR:

REAL NAME (IF DIFFERENT):

ADDRESS:

EMAIL:

PHONE:

PLAY TITLE:

NUMBER OF PAGES (WITHIN PROVIDED SCRIPT):

PLAY TYPE (DRAMA, COMEDY, TRAGEDY, ETC.):

APPROX. RUNNING TIME (MAX. 20 MINS.):

CAST: NUMBER OF MALES:

NUMBER OF FEMALES:

PLOT SUMMARY:



MAVEN TM

This fully completed entry form together with your script should be emailed to: carlowlittletheatre@gmail.com