

JULIAN THEATER COMPANY

Playwrights Festival 2020

Playwright Application and Consent Form / Please Print

Email application and script by February 8, 2020 to: kinpro52@msn.com

Name: _____ Date _____

Address: _____

City: _____ State _____ Zip _____

Phone (Home): _____ Cell _____

Email: _____

Title of Play: _____

Has this play received a production of any kind? _____ No _____ Yes (explain below)

Will you be providing your own: Director _____ Tech Crew _____ Costumes _____ Props _____

I warrant that I am the sole author of the above titled play and have the right to authorize production and video recording of said production by Julian Theater Company, should this work be selected for the PLAYWRIGHTS' FESTIVAL 2020. If my play is selected for production, I authorize Julian Theater Company to possibly produce this work in the future without payment of royalties. The type of production and number of performances will be solely at the discretion of Julian Theater Company. I understand that I will otherwise retain all rights to the above titled work. I acknowledge that I have read the Submission Guidelines and agree to abide by the same.

Playwright Signature: _____

Parent/ Guardian Signature (if under the age of 18) _____