**SUBMISSION FORM Closing date: FRIDAY 19TH APRIL**(please print clearly)

A submission form is required for each play/monologue (limit 2)

NAME:

EMAIL: MOBILE:

NAME OF PLAY:

TYPE OF PLAY (COMEDY, DRAMA ETC):

Please note - PREFERENCE WILL BE GIVEN TO PLAYS WITH MINIMUM SET AND PROP REQUIREMENTS

WORD COUNT (MAX 1800) BETWEEN 10 -12 MINS

NO OF ACTORS (max 4)

DIRECTOR (IF KNOWN):

EMAIL: MOBILE:

(ASSISTANCE IS AVAILABLE TO SOURCE A DIRECTOR)

WHERE DID YOU HEAR ABOUT US?

**FURTHER INFORMATION**

* PERMISSION FOR DIRECTOR TO HAVE EMAIL/MOBILE **YES/NO** (please circle)
* EMAIL SUBMISSION FORM AND PLAY(S) TO:

THE SECRETARY [langfordjan111@gmail.com](mailto:langfordjan111@gmail.com)

* ON SEPARATE SHEET: - Brief synopsis of play (for Program)

It is important that you complete all information required on this form, if incomplete you will be asked to re-submit, which may make your submission too late for inclusion.

If successful, you will be informed within 2 weeks of closing date