

KVTA 10 Minute Play Festival

APPLICATION

Title of Play:

Name of Playwright:

Please give a brief synopsis of your play below:

**CONTACT INFORMATION**:

Playwright’s name:

Guardian’s name if youth division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

City: State: Zip:

Preferred phone number (Guardian’s phone number if youth division):

Email (please print legibly: guardian email if youth division): \_\_\_\_\_\_\_\_

SUBMITTING YOUR SCRIPT:

1) On the cover of your script please include the name of the play but not your name

2) Include a page with a one or two-line synopsis, character breakdown and setting

3) Each page should be numbered and include the title on the top of each page

4) Include this application page with your submission

5) All submissions must be made via email to: kvtaplayfestivals@gmail.com

By signing this application form you are verifying that the script you are submitting is an unpublished,

original work, written by you, and not a previous winner of KVTA’s or another play festival.

Signature of Playwright Date

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Signature of Guardian if youth division