



The CHAMELEON THEATRE CIRCLE

40 Carriage Lane, Burnsville, MN 55306 • www.chameleontheatre.org • chameleon@chameleontheatre.org

ENTRY FORM

11th Annual New Play Contest

Contact Information

Submission # _____

Name _____

Address _____ Apt. # _____

City _____ State _____ Zip/Postal Code _____

Country _____ E-mail _____

Primary Phone _____ Secondary Phone _____

Script Information

Category: 10-Minute One-Act Full Length Musical Theatre-for-Youth

Script Title: _____

Cast List:

_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral

Plot Synopsis:

- Please Note:**
- A *seperate* Entry Form must be submitted for multiple shows.
 - Three (3) copies of each script must be submitted.
 - All three (3) copies must be blind - no playwright information on any page. Failure to do so will have your play pulled from the contest.
 - Submissions shall be mailed to:
The Chameleon Theatre Circle
11thAnnual New Play Contest
P.O. Box 240069
Apple Valley, MN 55124-0069

Agreement

By signing below, you understand and agree to the rules of the contest as posted at www.chameleontheatre.org and that this script has not been previously produced and is a new work.

Signature

Date