

She Wrights - Submission Form

OFFICE USE ONLY

PLEASE TYPE OR PRINT VERY CLEARLY

Name (Playwright or Contact): _____

Title of Play: _____

Playwrights(s): _____ Comedy Drama Other _____

Mailing Address: _____
Street City State Zip

Phone #: () _____ Email Address: _____

Best Method of Contact: Email Telephone Snail Mail

Is an electronic copy available? (Microsoft Word, PDF) Yes No

Is this a published work? If so, who owns the rights? _____ N/A

If this work has been previously produced, please tell us when & where: _____ N/A

List any theatre company, school, writings workshop, etc. with whom you are affiliated: _____

How closely do you want to work with the director of your piece? _____

Do you know anyone that you would recommend to direct or act in this piece? _____

If this work is an adaptation or a translation, please explain: _____

Is there anything else we should know about your play? _____

Mail script and application form to:

Secret Rose Theatre
She Wrights
11246 Magnolia Blvd.
North Hollywood, CA 91601

NOTICE: By submitting your script for review you understand and acknowledge that your script will be read by several people connected with Secret Rose Theatre, some of whom may already have scripts, treatments or ideas that contain similarities to those in your script. You also understand that the theatrical business is a highly creative environment in which it is common for similar ideas to be created independently by different parties. Accordingly, you understand and agree that to the extent a show subsequently produced by Secret Rose Theatre (or any of its affiliates or members) contains similarities to your script (whether in the characters, storylines, settings or otherwise), such similarities are coincidental in nature. You further agree that you will not bring any legal action asserting prior rights with respect to those similarities. If you do not understand and agree with the foregoing, please do not submit a script for review.