

**Cheyenne Little Theatre Players (“CLTP”)
2009-2010 New Play Project**

Application Packet

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of work: _____ # of pages: _____

Brief Synopsis of the work (75 word maximum)

I understand that the manuscripts I submit to the CLTP New Play Project will not be returned to me. I have read and understand the guidelines and requirements regarding this opportunity. I have enclosed my appropriate entry fee (refundable only upon cancellation of the 2009-2010 CLTP New Play Project), three bound copies of my original manuscript, and the signed Release Agreement.

Submitting Author's Name (printed)

Submitting Author's Signature

Date

If applicable:

2nd Submitting Author's Name (printed)

2nd Submitting Author's Signature

Date

**Cheyenne Little Theatre Players
2009-2010 New Play Project**

Name: _____

Title of work: _____

Character Breakdown:

Please provide a character breakdown for your play including the number of men and women with ages and a brief description of each. Also, include any special requirements or doublings.

Scene Breakdown: (Please include a setting for each scene)

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Name: _____

Title of work: _____

Please provide a development history for this work (including any readings, workshops, awards, etc.).

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Please read the following statements, initial all that apply, and sign below.

____ I have enclosed three copies of my script, a completed application packet, a signed release form, and my entry fee.

____ I have enclosed a self addressed, stamped postcard and would like written notification of receipt of my script.

____ I would like to receive copies of any feedback which is provided by readers and/or judges and have enclosed a self addressed, stamped envelope.

____ I authorize CLTP to share my name and contact information with other theatre companies and university theatre programs in the region.

____ I will acknowledge and disclose any potential conflicts of interest regarding a relationship or affiliation with any of the readers or judges for 2008-2009 CLTP New Play Project. I understand that if I do so my play will be reassigned to another reader or judge.

Print Name: _____

Sign Name: _____

Where did you hear about the CLTP New Play Project? (check all that apply)

- ____ CLTP staff or committee member
- ____ Surfing the web
- ____ Link from another website (please specify: _____)
- ____ Newspaper Article or listing
- ____ Attended a Readers Theatre production
- ____ Word of mouth
- ____ Email
- ____ TV Coverage
- ____ Radio
- ____ Other (please specify: _____)

Please list any theatre organizations, playwriting organizations, or entertainment unions you belong to or are affiliated with.