

The Theatre of Western Springs Directors' Workshop

New Plays Workshop

Play Submission Form

Please complete and submit with your play in a separate file.

Name of Play submitted: _____

Author/Playwright: _____

Phone Number: _____

Email address: _____

Approximate running time of play: _____

Number of characters in play: _____

Number of actors needed for the above characters: _____

Has the play submitted has been previously produced? Y_____ N_____

Is the play submitted a complete work (i.e. not a scene)? Y_____ N_____

If selected for production:

I will be able to participate in the workshop
process by making myself available for in-person rehearsals Y_____ N_____

I will be able to participate in the workshop
process by attending all post-performance discussions Y_____ N_____

I will allow The Theatre of Western Springs
to produce my play without royalties Y_____ N_____

Short synopsis of play:

Anything else we should know?