Pendragon Theatre YPF 2019 Application Form

Playwright:		
Fitle of Play:		
Street Address:		Apt#:
City: State: Zip:		
Phone:	Email:	
Parent / Guardian Phone & Email:		
Grade:School:		
Feacher / Mentor:		
t Is Important to Answer the Following Questions		
I am between the ages of 12- 18 and currently enrolled	d in middle or high school:	
• The play I am submitting is 10 pages or less:		
• The play I am submitting has less than 4 characters:		
• The font is not smaller than 10pt:		
I have NOT written my name or contact info on the scr	ipt:	
• Each page of my script has been numbered:		
I am enclosing ONE typed copy of my play and ONE pd	f with my application:	
• A parent or guardian has signed this application:		
HEREBY ASSERT THAT THE ENCLOSED PLAY IS AN ORIGI	NAL WORK, SIGNED:	
Playwright	Date:	
Parent / Guardian Printed Name		
Parent / Guardian Signature Date		

APPLICATIONS MUST BE POSTMARKED BY THURSDAY, FEBRUARY 28th, 2018

Please send your completed application and scripts to:

Pendragon Theatre, 15 Brandy Brook Ave Saranac Lake, NY 12983

And pdf to leslie@pendragontheatre.org

By submitting this application, you are giving Pendragon Theatre permission to produce your work as a part of YPF.