



destination
theatre company

1370 Swallow Ln

Florissant MO 63031

(314) 837-3129

www.destinationtc.org

New Play Contest Submission Form

Submission form must accompany three bound or stapled copies of the script. One play per submission form, one submission per envelope. Submission form and scripts should be accompanied by the \$5 submission fee. Checks or money order should be made payable to Destination Theatre Company.

Playwright(s) name(s) and age(s): (no more than two playwrights may collaborate on a single play. List primary contact first.)

Title of the Play:

Primary contact address:

Primary contact phone:

Primary contact email address:

School name: (if homeschooled, please indicate)

Please read and sign the agreement on the second page of this form. This agreement must be signed for the submission to be accepted or read.

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By signing below, I/we (“the playwright(s)”) confirm that this script is an original unpublished work written by the individual(s) listed above. I/we also agree that sections of the submitted script, up to one complete page, may be used by Destination Theatre Company for publicity for up to one full year after the conclusion of the contest and performance.

(Signature of primary playwright)

(Signature of collaborating playwright if applicable)

If playwrights are under the age of 18, parents must print their name and sign below.

(Parent/Guardian of primary playwright)

(Parent/Guardian of collaborating playwright)

(Signature of primary playwright’s Parent/Guardian)

(Signature of collaborating playwright’s Parent/Guardian)

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