



Playwright's First Name _____ Last Name _____

Parent/ Guardian's First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Playwright's Phone (if applicable) _____ Home/ Parent Phone _____

Playwright's Email _____ Home/ Parent Email _____

_____/_____/_____
Playwright's Date of Birth _____ Pronouns _____ Grade _____

Name of School _____ School District (if applicable) _____

Teacher's Name (if applicable) _____ Teacher's Email _____

Name of Play _____ Roles (ex: 2f, 1 m, 1 any gender) _____

Deadline for submissions to the 46th Annual Marilyn Bianchi Kids' Playwriting Festival: **March 1, 2024** (We accept plays year round.)

Email plays to: youngplaywrights@dobama.org

This play is my work only. In entering it, I agree to abide by all the rules of The Marilyn Bianchi Kids' Playwriting Festival. If my play is selected, I give my permission for it to be performed by Dobama Theatre, providing my name as listed as the author.

Signature _____ Date _____

Signature of Parent or Guardian (if under 18) _____