

Dobama Young  
Playwrights Competition

Marilyn Bianchi Kids'  
Playwriting Festival

Playwright's First Name Middle Name Last Name

Parent/ Guardian's First Name Middle Name Last Name

Permanent Address: Street Address

City State Zip Code

Playwright's Phone Home/ Parent Phone

Playwright's Email Home/ Parent Email

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Playwright's Date of Birth Age Grade/ Year (college)

Name of School School District (if applicable)

Teacher's Name Teacher's Email

Principal's Name

Name of Play # of roles/ gender (e.g.- 1m, 2f)

**Play Synopsis:**

*\*please attach a short summary of play in 50 words or less*

This play is my work only. In entering it, I agree to abide by all the rules of Dobama Young Playwrights. If my play is selected, I give my permission for it to be performed and published by Dobama Theatre, providing my name is listed as the author.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (if under 18) \_\_\_\_\_