

# Screenwriting Contest Entry Form

Script

Title\_\_\_\_\_

Number of Pages\_\_\_\_

Genre (Circle applicable)

Action	Adventure	Biography	Comedy	Documentary
Drama	Fantasy	Musical	Romance	Science Fiction
Mystery	Western	Suspense/Thriller	Film-Noir	

Plot Summary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Screenwriter(s)\_\_\_\_\_

Age(s)\_\_\_\_\_

Primary Contact's Name\_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

Email\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_

Zipcode\_\_\_\_\_

*By signing, I declare that I understand and accept the terms and conditions of the [Company or Title] Screenplay Contest.*

Signature\_\_\_\_\_

Parent Signature (If a minor)\_\_\_\_\_

Date\_\_\_\_\_