



The CHAMELEON THEATRE CIRCLE

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ENTRY FORM

25th Annual New Play Contest

Contact Information

Submission # _____

Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Country _____ E-mail _____

Primary Phone _____ Secondary Phone _____

Script Information

Category: 10-Minute One-Act Full Length Musical Theatre-for-Youth

Script Title: _____

Cast List:

_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral

Plot Synopsis:

Please Note: • A separate Entry Form must be sent for each play when submitting multiple plays.
• For submission instructions, please see chameleontheatre.org/newplay/

Agreement

By signing below, you understand and agree to the rules of the contest as posted at chameleontheatre.org and that this script has not been previously produced and is a new work.

Signature _____

Date _____