



The CHAMELEON THEATRE CIRCLE

40 Carriage Lane, Burnsville, MN 55306 • 952-937-5645 • www.chameleontheatre.org • chameleon@chameleontheatre.org

ENTRY FORM

9th Annual New Play Contest

Contact Information

Submission # _____

Name _____

Address _____ Apt. # _____

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 *seperate* Entry Form must be submitted for multiple shows.
 - Three (3) copies of each script must be submitted.
 - Submissions shall be mailed to:

The Chameleon Theatre Circle
Ninth Annual New Play Contest
819 East 145th Street
Burnsville, MN 55337

Agreement

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

Signature

Date