



Arizona Women's Theatre Company

6th Annual PANDORA FESTIVAL of Plays

6501 E. Greenway Parkway Suite 103, PMB 338
Scottsdale, AZ 85254

Playwright Submission Form

Playwright Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone #: () _____ Email Address: _____

Play Information

Name of Play: _____

Genre of Play

Comedy Drama Other

Type of Play

10 Minute One Act Full Length

Number of Characters

___ Female(s) ___ Male(s) _____ Total

Has this play had any workshops or readings? Is so, describe (briefly) below :

How did you hear about this AZ Women's Theatre Playwrighting Competition?

Attended Pandora Festival or Pandora Showcase in the past Friend Newspaper Article

Web Site Other _____

Acknowledgement and Consent of Use of Material

By signing this form, you confirm that you understand that by submitting to this festival, should your play be selected, your play will be read for stage.

Employee Signature

Date

**Address any and all questions to:

Phone#: (480) 422.5386

Or

Email: info@azwtc.org