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|--------------------------------|--|------------|--|
| Title | | Playwright | |
| Script Submitted | | Approved | |
| Judge | | Judge | |
| Score | | Score | |
| PLAY SLAM COORDINATOR USE ONLY | | | |

2021 (Year 3) 10-MINUTE PLAY SLAM! - APPLICATION

STUDENT INFORMATION

NAME _____ D.O.B. _____

SCHOOL _____ GRADE _____

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

How did you learn about Play Slam? _____

PARENT/GUARDIAN INFORMATION

NAME _____ PHONE # _____

EMAIL ADDRESS _____

SCRIPT INFORMATION

TITLE OF PLAY _____

NUMBER OF CHARACTERS _____ NUMBER OF PAGES _____

STUDENT STATEMENT

This application confirms my intent to participate in the 2021 10-Minute **Play Slam!** hosted by Playhouse on the Square and the Department of Theatre Education.

I confirm that my submission is an original work (plagiarized materials will be disqualified) and has been written solely by myself.

I have checked that my script meets all formatting, character count, timing requirements, and additional competition rules and guidelines.

I understand that Playhouse on the Square reserves the right to accept or reject any plays submitted to the contest for any reason.

I understand that Playhouse on the Square reserves the right to request changes and revisions from submitted scripts.

I understand that Playhouse on the Square may post the names of the chosen playwrights on marketing and press materials.

By submitting a play, I give Playhouse on the Square permission to produce in full or an excerpt of my play now or in the future and give permission that my script can be made available online for free download for use. This includes its inclusion in any future print/electronic anthologies available for free or for sale to the public.

I understand that Playhouse on the Square reserves the right to record, videotape, and/or photograph any and all of the performance of my work and participation in any events associated with the **Play Slam!**, and reproduce and/or distribute all or part of these recordings or photographs.

I understand that if I am chosen as the winner of the **Play Slam!** Middle School Division that my script will be submitted to the Young Playwrights for Change national competition hosted by AATE. While the **Play Slam!** Coordinator will work with the winner to complete the application to YPC and other competition requirements, any future requests, steps, and rules will be determined and judged by the YPC committee and AATE staff.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN STATEMENT

I have gone over my child's application and script to ensure they are prepared to submit to the **Play Slam!** competition.

I approve my child's application and submission to both Playhouse on the Square's 10-Minute **Play Slam!** and AATE's Young Playwrights for Change competition.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SUBMIT APPLICATIONS AND PLAY SCRIPTS [ONLINE](#)

-or-

MAIL APPLICATIONS AND PLAY SCRIPTS TO :

Playhouse on the Square
Attn: Play Slam
66 S. Cooper St.
Memphis, TN 38104

ALL ENTRIES MUST BE ELECTRONICALLY SUBMITTED OR POSTMARKED BY:
MONDAY FEBRUARY 1, 2021

PLAYHOUSE
ON THE SQUARE