

**Cheyenne Little Theatre Players (“CLTP”)  
2008-2009 New Play Project**

**Application Packet**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of work: \_\_\_\_\_ # of pages: \_\_\_\_\_

Brief Synopsis of the work (75 word maximum)

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

I understand that the manuscripts I submit to the CLTP New Play Project will not be returned to me. I have read and understand the guidelines and requirements regarding this opportunity. I have enclosed my appropriate entry fee (refundable only upon cancellation of the 2008-2009 CLTP New Play Project), three bound copies of my original manuscript, and the signed Release Agreement.

\_\_\_\_\_  
Submitting Author's Name (printed)

\_\_\_\_\_  
Submitting Author's Signature

\_\_\_\_\_  
Date

If applicable:

\_\_\_\_\_  
2<sup>nd</sup> Submitting Author's Name (printed)

\_\_\_\_\_  
2<sup>nd</sup> Submitting Author's Signature

\_\_\_\_\_  
Date

**Cheyenne Little Theatre Players  
2008-2009 New Play Project**

Name: \_\_\_\_\_

Title of work: \_\_\_\_\_

**Character Breakdown:**

Please provide a character breakdown for your play including the number of men and women with ages and a brief description of each. Also, include any special requirements or doublings.

Scene Breakdown: (Please include a setting for each scene)

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Name: \_\_\_\_\_

Title of work: \_\_\_\_\_

Please provide a development history for this work (including any readings, workshops, awards, etc.).

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Name: \_\_\_\_\_

Title of work: \_\_\_\_\_

**Please read the following statements, initial all that apply, and sign below.**

\_\_\_\_ I have enclosed three copies of my script, a completed application packet, a signed release form, and my entry fee.

\_\_\_\_ I have enclosed a self addressed, stamped postcard and would like written notification of receipt of my script.

\_\_\_\_ I would like to receive copies of any feedback which is provided by readers and/or judges and have enclosed a self addressed, stamped envelope.

\_\_\_\_ I authorize CLTP to share my name and contact information with other theatre companies and university theatre programs in the region.

\_\_\_\_ I will acknowledge and disclose any potential conflicts of interest regarding a relationship or affiliation with any of the readers or judges for 2008-2009 CLTP New Play Project. I understand that if I do so my play will be reassigned to another reader or judge.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

**Where did you hear about the CLTP New Play Project? (check all that apply)**

- \_\_\_\_ CLTP staff or committee member
- \_\_\_\_ Surfing the web
- \_\_\_\_ Link from another website (please specify: \_\_\_\_\_)
- \_\_\_\_ Newspaper Article or listing
- \_\_\_\_ Attended a Readers Theatre production
- \_\_\_\_ Word of mouth
- \_\_\_\_ Email
- \_\_\_\_ TV Coverage
- \_\_\_\_ Radio
- \_\_\_\_ Other (please specify: \_\_\_\_\_)

**Please list any theatre organizations, playwriting organizations, or entertainment unions you belong to or are affiliated with.**