



PROGRAM SELECTION SUBMISSION FORM

Name _____

Street Address _____

City/State _____ Zip Code _____

Phone _____ Email address _____

Production Submission #1

Title _____

Author (s) _____

Licensing Contact (if known) _____

Type of Submission: Drama _____ Comedy _____ Musical _____

Preferred time slot (please rank from 1-4 "1" being first choice)

Feb. ____ April/May ____ June ____ Sept./Oct. ____ Holiday ____ Youth ____

Production Submission #2

Title _____

Author (s) _____

Licensing Contact (if known) _____

Type of Submission: Drama _____ Comedy _____ Musical _____

Preferred time slot (please rank from 1-4 "1" being first choice)

Feb. ____ April/May ____ June ____ Sept./Oct. ____ Holiday ____ Youth ____

If submitting more than two pieces, please submit an additional Program Submission Form.

Please return with a copy of each script postmarked no later than November 1.

Please submit all materials to playselection@westfieldplayhouse.org