



The Old Courthouse Cultural Centre

7 Seymour Street West Kamloops, BC V2C 1E4

Tel: (778) 471-5620 Toll: 1-888-202-2913 Fax: (778) 471-5639

Web: www.theatrebc.org Email: info@theatrebc.org

PLAYWRITING COMPETITION ENTRY FORM

****PLEASE PRINT CLEARLY****

CATEGORY:

Full Length _____ One Act _____ TBC Membership # _____
(if applicable)

GENERAL INFORMATION:

Title of Play: _____

Author(s): _____

Mailing Address: _____

City: _____ Postal Code _____

Telephone: _____ Email Address: _____

Please Read the Rules and Regulations of the Annual Provincial Playwriting Competition Carefully.
Failure to meet rules and regulations will disqualify entries.

CHECKLIST FOR ENTRY:

- I am a permanent resident of British Columbia.
- My / Our script entry is solely my/our writing.
- This script has not been professionally produced, commissioned, and / or entered into a TBC playwriting competition previously.
- I / we agree to obey all **Rules and Regulations** of the TBC Playwriting Competition.
- I / we accept that the decision of the jurors is final
- I / we have read the **Rules and Regulations**.
- A non-refundable entry fee of **\$75** for the entry (*\$50 for entry by a current TBC member*) payable by cheque, money order, or Credit Card - **Please see below**;
 - Add an additional **\$25** for a written adjudication fee if so desired;
- My / Our script has been enclosed with this entry form.

THEATRE BC SCRIPT LIBRARY:

Should your script be chosen as a winner, do you agree to allow Theatre BC to include two reading copies of your script in its script library? Yes No



BRITISH COLUMBIA DRAMA ASSOCIATION

We acknowledge the continued support of the Province of BC through the BC Arts Council





SIGNATURE:

DATE: _____ SIGNATURE _____
(Playwright)

DATE: _____ SIGNATURE _____
(Playwright)

DATE: _____ SIGNATURE _____
(Playwright)

PAYMENT INFORMATION:

Cash: _____ Cheque: _____ Money Order: _____
 VISA: _____ M/C: _____ **TOTAL: \$** _____
 Please make cheques payable to **THEATRE BC**
 If paying by Credit Card, please provide the following:
 VISA / MC# _____
 Expiry Date: ____/____ Sec Code* _____
 Name on Card: _____
 Signature: _____
 *Security Code: 3 digits on back of credit card

Send Completed Form To:
 Theatre BC - PWC
 Old Courthouse Cultural Centre
 7 Seymour Street West
 Kamloops, BC V2C 1E4
 or Fax to: (778) 471-5639
pwc@theatrebc.org

For Office Use Only
 Paid Date _____
 Cash \$ _____ Cheque \$ _____
 VISA \$ _____ MC \$ _____
 Critique: \$ _____
 Mem: _____ Non-Mem: _____

For Office Use Only
 Date Script Received: _____ Submission to Current Year:
 Submission to Following Year:
 Post Mark Date: _____ Entry Number: PWC _____ - _____
 Additional Info Required: _____

Thank you for your submission and good luck!

