Entry Form (Complete, Scan, Send) moosa arts theatre

National One-Act Playwriting Competition 2024

(Please type or print CLEARLY)				
I (Full Name):				
Address:				
Suburb:	State:		Post/Zip Code:	
Phone:	Email:			
Make application for entry of my	/ original scri	pt, entitled		
(Script Name)				
in the Noosa Arts Theatre - Nation	onal One-Act	Playwriting	Competition.	
Please read the rules carefully!!				
I hereinafter agree to abide by the o	conditions and	rules:		
Signed:		D	ate:	
How did you hear about this competiti	on ?			
□ Facebook? □ Previous Entra □ Writers Group Newsletter: Which One				
Website: Image: Noosa Arts Theatre Image: Comparison Compari		e?		
	iei source. Which			
CHECKLIST:				
Manuscript is in Word or PDF with Syr ready for electronic submission	nopsis, pages nur	mbered and N	O reference to playwright's	name

□ Official Entry Form, with a copy of Synopsis completed

I have paid \$40.00 AUD by D Bank Transfer, Credit Card (phone Box Office on +61 754499343) or by

□ PayPal (contact Convenor at <u>oapcomp@noosaartstheatre.org.au</u>) □ Other (please specify)

SCRIPT SYNOPSIS

This document must accompany the Entry Form

Script Title:

Plot Synopsis:

Genre: (Comedy/Drama/Tragedy etc)

Setting:

Place:

Time:

Stage Sets and Props:

Estimated Running Time: (read aloud, do actions 30-45 minutes) **Cast List:** (gender, age, specific requirements or description)