Tennessee Women's Theater Project

WOMEN'S WORK 2017– SUBMISSION FORM

WORK CREATED BY: _____

TITLE OF WORK: _____

ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip)

PHONE #: _____ EMAIL: _____

TYPE OF WORK (check only 1 – you MUST choose a category)

_____ Dance
_____ Film/*Documentary*
_____ Film/*Feature*
_____ Film/*Short*
_____ Music/*instrumental* (describe) _____
_____ Music/*singer-songwriter*
_____ Music/*vocalist*
_____ Poetry

APPROXIMATE RUNNING TIME: _____

_____ Stand-up comedy
_____ Theater/*musical*
_____ Theater/*one-woman show*
_____ Theater/*reader's theater*
_____ Theater/*staged reading*
_____ Theater/*other* (describe) _____
_____ Visual Art (describe) _____
_____ Other (describe) _____

PERFORMANCES AND POTENTIAL TECH REHEARSALS – PLEASE CROSS OUT ALL DATES ON WHICH YOU ARE NOT AVAILABLE

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Tech slots >>>	**2** Tech slots >>>	**3** Tech slots >>>	**4** Tech slots >>>	**5** Opening Night Curtain 7:30 pm	**6** Curtain 7:30 pm
7 Curtain 2:30 pm	**8** Tech slots >>>	**9** Tech slots >>>	**10** Tech slots >>>	**11** Curtain 7:30 pm	**12** Curtain 7:30 pm	**13** Dance Night Curtain 7:30 pm
14 *Poetry Sunday* Curtain 2:30 pm	**15** Tech slots >>>	**16** Tech slots >>>	**17** Tech slots >>>	**18** Curtain 7:30 pm	**19** Curtain 7:30 pm	**20** Curtain 7:30 pm
21 Final Day Curtain 2:30 pm						

CHECKLIST – YOUR SUBMISSION PACKAGE MUST INCLUDE THE FOLLOWING:

_____ THIS SUBMISSION FORM
_____ COPY OF THE WORK BEING SUBMITTED (E.G., VIDEO OF DANCE, COPY OF SCRIPT, MUSIC CD – IF IN DOUBT, EMAIL WOMENS-WORK@TWTP.ORG)
_____ NOTE PERFORMANCE & TECH CONFLICTS ABOVE – **CROSS OUT ALL DATES ON WHICH YOU ARE NOT AVAILABLE**
_____ SUBMISSION FEE: $25.00

SUBMISSION MUST BE POSTMARKED NO LATER THAN: ~~MARCH 15, 2017~~ MARCH 30, 2017

NOTE: YOUR MATERIALS WILL NOT BE RETURNED UNLESS ACCOMPANIED BY AN ADDRESSED, POSTAGE-PAID RETURN ENVELOPE.

MAIL ALL SUBMISSIONS TO:

WOMEN'S WORK 2017
TENNESSEE WOMEN'S THEATER PROJECT
P.O BOX 158525
NASHVILLE, TN 37215-8525

FOR TWTP USE ONLY

Date Rec'd _____

Packet complete (Yes No) If NO, item(s) missing: _____

Return Requested (Yes No) Date Returned: _____

Chosen to present (Yes No) Date Presenting: _____

Presenter Notified: (Yes No) Date Notified: _____