Tennessee Women's Theater Project

WOMEN'S WORK 2018 – 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
	3 Tech slots >>>	**4** Tech slots >>>	**5** Tech slots >>>	**6** Tech slots >>>	**7** Opening Night/ Dance Night Curtain 7:30 pm	**8** Curtain 7:30 pm
9 Curtain 2:30 pm	**10** Tech slots >>>	**11** Tech slots >>>	**12** Tech slots >>>	**13** Curtain 7:30 pm	**14** Curtain 7:30 pm	**15** Curtain 7:30 pm
16 *Poetry Sunday* Curtain 2:30 pm	**17** Tech slots >>>	**18** Tech slots >>>	**19** Tech slots >>>	**20** Curtain 7:30 pm	**21** Curtain 7:30 pm	**22** Curtain 7:30 pm
23 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: JULY 15, 2018

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

MAIL ALL SUBMISSIONS TO:

WOMEN'S WORK 2018
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: _____