

International

# ONE-ACT PLAYWRITING COMPETITION

2024

CARLOW



## ENTRY FORM

Author:

Real Name *(if different)*:

Address:

Email:

Phone:

Play Title:

Number of Pages *(within provided script)*:

Play Type *(drama, comedy, tragedy, etc.)*:

Approx. Running Time *(min. 20 mins., max. 40 mins.)*:

Cast: Number of Males:

Number of Females:

Plot Summary:

I have fully read, understood, and accept the terms and conditions outlined on the [competition webpage](#).

This fully completed entry form together with your script should be emailed to: [carlowlittletheatre@gmail.com](mailto:carlowlittletheatre@gmail.com)



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