

Entry Form

Queer Soup Theater's New Play Festival: The Anniversary Series

Note: This form can either be printed out and submitted via mail with your manuscript or you can duplicate this information in the text of your email to festival@queersoup.net. Your emailed information will be considered as your agreement that you will abide by the "Rules".

Playwright's Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone: _____ **email address:** _____

Title of submitted play:

Signature:

(Your signature indicates to us that you agree to abide by the "Rules" listed on the website)

Date _____