

# The Sixth Act Playwriting Contest Submission Form

(Please Print Legibly)

Name: \_\_\_\_\_

Student M-Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Title of play: \_\_\_\_\_

Word Count: \_\_\_\_\_

How did you hear about the contest? \_\_\_\_\_

I verify that the above information is correct, that the play is original and previously unpublished. I give MCC permission to submit my work to the national contest and to publish my work in any campus publication. I give permission for my work to be performed/read publicly at the award event, if selected.

\_\_\_\_\_  
Signature

*The Sixth Act's decisions are final.  
Feedback will not be given to individuals on their work.  
No work will be returned.*