



Script Submission Form

Please fill out the form completely and send it along with your original script to be reviewed. Remember we are looking for originality and creativity. Scripts will not be returned.

Please Print

Title of play: _____ Date: _____
Full Name: _____ Year script was written? _____
Address: _____ City: _____, ST _____ Zip: _____
Home Phone: _____ Cell: _____
Email: _____ Website: _____

You may attach separate sheet of paper if needed.

Have your stage play been produced before? _____ if yes, where and when? _____
_____.

Synopsis of Play: _____

_____.

Why should your stage play be picked? _____

_____.

What is your message behind the play? _____

_____.

By signing you agree that all information is correct and you are the writer of the stage play. You release No Jive Productions, Inc. from any and all liabilities.

Sign Name Print Name Date

Office Used: Date Received: _____

Read by: Nial Martin _____ Carlos A. Harris _____ Joseph Reed III _____ Alicia Simpson _____
Approved: Yes ___ No ___ Approved: Yes ___ No ___ Approved: Yes ___ No ___ Approved: Yes ___ No ___

Letter Sent: _____ File Date: _____