Tennessee Women's Theater Project

WOMEN'S WORK 2019 – 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) **APPROXIMATE RUNNING TIME:** _____

- ☐ Dance
- ☐ Film *Documentary*
- ☐ Film *Feature*
- ☐ Film *Short*
- ☐ Music *Instrumental* (describe) _____
- ☐ Music *Singer-songwriter*
- ☐ Music *Vocalist*
- ☐ Poetry
- ☐ 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
	16 Tech rehearsals	**17** Tech rehearsals	**18** Tech rehearsals	**19** Tech rehearsals	**20 Opening Night** Curtain 7:30 pm	**21 Dance Night** Curtain 7:30 pm
22 Curtain 2:30 pm	**23** Tech rehearsals	**24** Tech rehearsals	**25** Tech rehearsals	**26 Curtain** 7:30 pm	**27 Curtain** 7:30 pm	**28 Curtain** 7:30 pm
29 Curtain 2:30 pm	**30** Tech rehearsals	**1** Tech rehearsals	**2** Tech rehearsals	**3 Curtain** 7:30 pm	**4 Curtain** 7:30 pm	**5 Curtain** 7:30 pm
6 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 RECEIVED BY EMAIL OR POSTMARKED NO LATER THAN: ~~AUGUST 1 2019~~ AUGUST 14, 2019

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

MAIL SUBMISSIONS TO:

WOMEN'S WORK 2019
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: _____