



STAGE ONE

workshop reading series

APPLICATION FORM

Script Title : _____

Two Sentence Synopsis of Script: _____

Writer/writers: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: _____

Email: _____

How did you hear about STAGE ONE? _____

The Writer (the "Author") stipulates that he or she is the sole owner of this submission ("Script"). The Author also agrees that if selected for Stage One reading series, EVN Productions shall select director and cast for the staged reading of Script. Scripts may be withdrawn from consideration for Stage One by the Author only if a written request for such action is received by EVN Productions. No processing fees can be returned for withdrawn submissions.

Signature: _____ Date: _____

Please include with Application:

- ~ Non-refundable processing fee (per script): \$10; \$5 for students w/ valid ID. Please make checks payable to **EVN Productions**. Please include a photocopy of student ID.
- ~ Completed & Signed Application Form
- ~ One hard copy of script w/ title page. Please include contact info.

Send all materials to: **EVN Productions 5482 Wilshire Blvd. Ste. 1528 Los Angeles, CA 90036**. Indicate 'STAGE ONE' on envelope.

Questions: please contact Alanna De Carlo at alanna@evnproductions.com