



Strand-Capitol Playwriting Festival  
COVER SHEET

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

Playwright \_\_\_\_\_

Address \_\_\_\_\_

County: \_\_\_\_\_

Playwright phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Parent/guardian phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Teacher/Contact at school \_\_\_\_\_

Principal \_\_\_\_\_

**PLEASE NOTE:** Contest winners will be posted on our website at [www.mystrandcapitol.org](http://www.mystrandcapitol.org) in February 2016.