



**This sample form
is for reference purposes only.**
The actual form will be available online
May 1-June 30, 2024.

Play Title

If the pre-filled information is not yours, please sign out before completing the form. Changing the pre-filled information will change the information in your AACT profile.

Playwright's First Name

Last Name

Website, if applicable

Email Address

Phone

Eligibility - select one

- I am a current AACT Member
- I have paid the \$10 AACT NewPlayFest script processing fee.
- Sending in a Check

Additional Playwrights' Names

List others who share authorship of the play.

Multiple Playwrights

- I have permission from the playwrights listed above to make this submission.

Authorship

I warrant and certify that I am the person listed at the top of this form and that I/we are the sole author(s) of the script I am submitting.

Non-original Material Rights

I guarantee that I have obtained rights to all material in the script not authored by me.

Such as songs, letters, articles, and/or works of art contained in the script or needed for production.

Agreement

I have read and understand the AACT NewPlayFest Guidelines for Playwrights on the AACT website and, if selected as a finalist, will sign the AACT NewPlayFest Playwright Contract.

Comments/Notes

Script file must be in PDF format. Name of author must not appear on any page or in the file properties.

After your file is uploaded, please click the Submit button below.

Upload Script No file selected.

Files must be less than 2 MB.

Allowed file types: pdf.

Again, if you have yet to pay the \$10 script processing fee. You will either need to select "Sending in a Check" in the form above, or by clicking: [Store](#) to take you to our payment page. Please do this, prior to submitting your script.