



**WESTCLIFFE**  
Center for the Performing Arts

## WCPA Ten-Minute Play Competition Submission Form

Please provide a statement of your theater and playwriting experience and goals:

Title of Play:

Name of Playwright:

Mailing Address:

City:  State:  Zip Code:

Voice Phone #:  Fax:

Email:  Alternate Phone #:

Has the play been produced, if so where:

Has the play had a staged reading, if so where:

Has the play been published, if so where:

Please summarize your play in one sentence:

### Characters and Descriptions:

1.

2.

3.

4.



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Setting:

How did you hear about the WCPA Ten-Minute-Play Competition?

Do you belong to a play writers group? What is the name of the group?

Please mail your completed form and \$10 fee to:

**WCPA**  
**P.O. Box 790**  
**Westcliffe, Colorado 81252**



If you have any questions, please do not hesitate to call our office at 719-783-3004 or email us at [wcpa@jonestheater.com](mailto:wcpa@jonestheater.com).

Thank you!

***Westcliffe Center for the Performing Arts***