



VASSAR COLLEGE SCREENPLAY COMPETITION SUBMISSION FORM

Screenplay Title: _____

Total # of Pages: _____

Brief Synopsis: _____

Screenwriter(s)* _____

*Please note: (i) ALL screenwriters should be listed on this Submission Form; (ii) ALL Screenwriters must sign the Submission Guidelines and Release Form. If there are more than two Screenwriters, please make additional copies of the Submission Guidelines and Release for each Screenwriter to sign.

Primary Contact: _____

Name: _____

Address: _____

Street Address

Street Address

City, State, Zip Code

Phone: _____

Email: _____

Date of Submission: _____