

# Script Submission Cover Sheet 2019

## Details

First Name:

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Surname:

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School

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Age:

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Phone:

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Email:

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Playtitle:

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Teacher's Name:

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Teacher's Email:

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KEY DATES	
<b>Fri 3 May</b>	<b>Script Submission Date</b>
<b>Wed 3 Jul</b>	<b>First read through</b>
<b>Fri 5 Jul</b>	<b>First Mentor session</b>
<b>Fri 26 Jul</b>	<b>Second Mentor session</b>
<b>Mon 29 Jul</b>	<b>Final Script Due</b>
<b>Wed 28 Aug</b>	<b>Dress Rehearsal and Performance</b>

Attach this Cover Sheet to your Script Submission.

Return this form with attention to:  
 Education Coordinator, Merrigong  
 Theatre Company  
 Email: [education@merrigong.com.au](mailto:education@merrigong.com.au)  
 Phone: 02 4224 5947  
 Post: PO Box 786, Wollongong, NSW, 2520

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