SAT Playwrights

PLAYWRIGHT INFORMTION SHEET

Date: _____

Name: _____
Last First Middle

Address: _____

City:_____ State: _____ Zip:_____

Email: _____

Phone: Hm:_____ Cell: _____

Work: _____

Tell us the level your level of script writing experience:

Developing: _____ In draft stage: _____

Ready to read: _____ Staged reading: _____

Full Production – Title, when, and where it was performed: _____
_____

How do you hope to benefit from joining SAT Playwrights?

How did you hear of the SAT Playwrights?_____

Annual Membership (September to September) is $25.00.

Mail Check to: 314 E. Nakoma Street, Ste, H * San Antonio, TX 78216

Date: _____ Cash: _____ Check: _____ Membership Yr: _____