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VIRGINIA FILM OFFICE

2016 Virginia Screenwriting Competition Application

Name of the screenplay

Name

Address

City **State** **Zip**

Telephone

Email

Co-author?

Co-author name

Co-author phone number

Have you previously submitted this screenplay? Yes **No**

Year(s) submitted

Title, if different

By submitting your screenplay to the Virginia Screenwriting Competition, you certify that you are a legal resident of Virginia, that the script you have submitted is your original work and that you have legally obtained the rights to the use of any non-original source material that may be herein contained.

The Film Office sometimes receives inquiries regarding finalists and winners of the competition. If you **do not** give permisssion for the Film Office to release information about your screenplay, including your name, email, or phone number to parties who have expressed an interest in your work, please check below.

Short description of screenplay (logline)