

SUBMISSION FORM – RED STITCH WRITERS ASSESSMENT

Please complete and return



Author:

Play (Title):

Length (pages):

Contact phone number:

Returning address:

Send by post with payment of \$75 (enclose cheque or complete credit card details below)

TO:

**Red Stitch Writers Script Assessment
Rear 2 Chapel Street
St Kilda East 3183**

Visa Mastercard

Card number / / /

Expiry Date: /

Name of cardholder:

Signature:

Submitting by email.

Scripts may be submitted by email once payment is received. Tick this box if you will be submitting the script by email and we'll contact you with the address to send your word document.

