



NAME:

ADDRESS:

PHONE:

EMAIL:

TRIBAL AFFILIATION (Please note if you are enrolled or self-identify):

HOW DID YOU HEAR ABOUT THE LAB?

WHAT TYPE OF WRITING SAMPLE ARE SUBMITTING (please select one)?:

Original Pilot, Spec Episode, Theater Play, or Original Screenplay

NAME OF SCRIPT:

GENRE:

NUMBER OF PAGES:

LOGLINE: