AMERICAN ALLIANCE FOR THEATRE & EDUCATION

2026-2027 **PLAYWRIGHTS** FOR CHANGE

(Formerly Young Playwrights for Change)

PLAY SUBMISSION FORM

STUDENT'S NAME (PLAYWRIGHT)	GENDER	DATE OF BIRTH
SCHOOL		GRADE LEVEL (2021-22)
PARENTS'/GUARDIANS' NAMES (PLEASE LIST ALL PARENTS/GUARDIANS IN THIS HOUSEHOLD)		
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	PARENT PHONE (WORK / MOBILE)	
PARENT E-MAIL ADDRESS		
TITLE OF PLAY		

PARENT/GUARDIAN PERMISSION STATEMENT AND WAIVER
Please read the following statement and sign below.

I, the undersigned, being legal guardian of the program participant named above, agree to and provide permission for my child to submit written work as part of the Young Playwrights for Change playwriting contest.

I acknowledge and understand that all sponsoring organizations (including the American Alliance for Theatre Education) reserve the right to excerpt or quote my student's work and/or reproduce said written work for any reasonable purpose (including, but not limited to print publications, publicity, archives, education, and internet publications) without being entitled to remuneration or compensation. I grant the right to use my child's photograph, likeness, video or voice recording for broadcast or publication in any and all media. I hereby release any claims of libel, slander, violation of privacy or similar rights.

PARENT / GUARDIAN SIGNATURE	DATE SIGNED
PARENT / GUARDIAN NAME (PRINTED)	