

**2009 CAPE FOUNDATION
NEW WRITERS AWARDS**

Feature

TV

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APPLICATION FORM

SCRIPT TITLE: _____

WRITER'S NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____ CELL: _____

I understand and agree to the **RULES & CONDITIONS** for the CAPE Foundation New Writers Awards program.

Your Signature: _____ Date: _____

IF WRITING TEAM / 2nd SCREENWRITER:

WRITER'S NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____ CELL: _____

I understand and agree to the **RULES & CONDITIONS** for the CAPE Foundation New Writers Awards program.

Your Signature: _____ Date: _____

Please tell us how you heard about the CAPE Foundation New Writers Award:

SEND 2 COPIES OF EACH OF YOUR ORIGINAL SCREENPLAY WITH \$40 NON-REFUNDABLE PROCESSING FEE PER SCRIPT PAYABLE TO: *THE CAPE FOUNDATION (CASHIER'S CHECK OR MONEY ORDER ONLY)* ALONG WITH COMPLETED APPLICATION, SIGNED RULES & CONDITIONS FORMS AND 100 WORD ESSAY, **POSTMARKED BY FRIDAY, MAY 29, 2009** TO:

**2009 CAPE Foundation New Writers Awards
c/o Cheng Caplan Company
1680 North Vine Street, Suite 808
Hollywood, CA 90028**