PLAYWRIGHT COLLABORATION INTEREST FORM



Please complete the following information to express your interest in collaborating on a play. Your responses will help us understand your vision and assess potential compatibility.

Personal Information	
1. Full Name:	2. Email Address:
3. Phone Number:	4. City/State:
Project Overview	
5. Project Title: (if applicable)	
6. Brief Synopsis of Your Idea: Please provide a short su	ummary of your play idea in 200-300 words.)
8. Themes and Messages: (What themes or messages o	lo you wish to convey through your play?)
Collaboration Details	
9. What role do you envision for yourself in this collaboetc.)	oration? (e.g., co-writer, consultant,

Are you open to changes or adaptations of your original idea?

11. What is your timeline for this project? (Please specify any deadlines or preferred completion dates.)
Additional Information
12. Have you collaborated on any creative projects before? If so, please describe briefly.
13. How did you hear about my work?
14. Any additional comments or questions?
Thank you for your interest! Once you submit this form, I will review your ideas and get back to you within a few weeks. Your ideas will remain confidential, and we can discuss the next steps if we decide to proceed.