

BASTARD PLAYGROUND Submission Form

NAME: _____

WHAT (Check all that apply)

SOMETHING TO HEAR:	SOMETHING TO SEE:	SOMETHING TO DO:
<input type="checkbox"/> Pages	<input type="checkbox"/> Dance/Movement	<input type="checkbox"/> Question
<input type="checkbox"/> Live Music	<input type="checkbox"/> Visual Artwork	<input type="checkbox"/> Experiment
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> Film	<input type="checkbox"/> Game
<input type="checkbox"/> Sound Design	<input type="checkbox"/> Design Materials	<input type="checkbox"/> Activity
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

AND/OR (Some other options to consider):

<input type="checkbox"/> Scene	<input type="checkbox"/> Lighting Plot	<input type="checkbox"/> One-Act
<input type="checkbox"/> Song	<input type="checkbox"/> Story	<input type="checkbox"/> Sex-Rodeo
<input type="checkbox"/> Film Score	<input type="checkbox"/> Clown-Show	<input type="checkbox"/> Movement Map
<input type="checkbox"/> Mashed-Potato Sculpture	<input type="checkbox"/> Jumping-Off Point	<input type="checkbox"/> Prompt
<input type="checkbox"/> Project Outline	<input type="checkbox"/> Installation	<input type="checkbox"/> Mixed-Media Art
<input type="checkbox"/> Snacks	<input type="checkbox"/> Teleplay	<input type="checkbox"/> Painting
<input type="checkbox"/> Screenplay	<input type="checkbox"/> Concept	<input type="checkbox"/> Manifesto
<input type="checkbox"/> Pile of Research	<input type="checkbox"/> Rehearsal Idea	<input type="checkbox"/> Survey
<input type="checkbox"/> Puppetry	<input type="checkbox"/> Battle Strategy	<input type="checkbox"/> Music Video
<input type="checkbox"/> Snowperson	<input type="checkbox"/> Pedagogical Experiment	<input type="checkbox"/> Something Written on a Napkin

TIME

☐ Small (5-10 minutes) ☐ Medium(10-20 minutes) ☐ Large (20-30 minutes)

NEEDS (Check all that apply)

<input type="checkbox"/> Speakers
<input type="checkbox"/> Instruments (Please Specify) _____
<input type="checkbox"/> People to Read (How many) _____
<input type="checkbox"/> Space to Move
<input type="checkbox"/> Projector/Video Screen
<input type="checkbox"/> Crayons and Paper
<input type="checkbox"/> Platforms or Risers
<input type="checkbox"/> Other _____