

Hollywood Outreach Program

Rules and Regulations

If this is your first time entering the HOP, please read the webpage for more information, including what to expect in a critique.

Next Deadline - July 21, 2007

Entries may be handed in at the Network lecture on July 21 or mailed to:

The Scriptwriters Network
Hollywood Outreach Program
6404 Wilshire Blvd., Ste. 1640
Los Angeles, CA 90048

Mailed entries **must be received** by July 21. Late entries will be held for the next round. You will receive an email confirmation when the scripts are received.

Submission Guidelines

1. Submit **two copies** of your script for screening purposes using **two 1 1/4" brads** and cardstock covers in light colors. Please ensure **your name does not appear** anywhere on the script. The **title page** should only include **the name of the script, the genre and a logline**, not to exceed 25 words.
2. Include **the entry fee**, if applicable:
 - \$65 for Network members, \$35 if a re-submit
 - \$105 for non-Network members, \$55 if a re-submit
 - \$130 if entering and joining the Network at the same time - please fill out a **membership application**, which can be found on our website

A script may be resubmitted once at the reduced price. Readers may turn in five credits for a free submission, and HOP Committee members receive one free entry per year.

3. Complete **the submission form** whether you are submitting a script for the first time or sending in a re-submit. If the script was written by more than one person, all writers must sign the submission form. One entry per writer or writing team per session.

General Rules

Please make sure the submission form prints on one page!

Scripts must be under 130 pages.

If your script is based on a true story (in the public domain or to which you have the rights), please state this on the title page.

Scripts submitted must not have been sold, must not be currently under option and must not be in active negotiations for sale.

Submissions that do not meet the full requirements of the program will be disqualified. Checks returned unpaid by the bank will also disqualify submissions.

Hollywood Outreach Program - Submission Form

SUBMISSIONS ARE DUE SATURDAY, JULY 21! NO EXCEPTIONS!

Script Title:	Genre(s):
Writer(s):	Membership Expiration Date(s):
Address, City, State, Zip:	
Email Address:	Phone Number:

All coverage is emailed. Please ensure you can receive email AND attachments from acrawford@uwalumni.com.

Amount Enclosed:		Form of Payment (Please choose from the following:)
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Check:		If this is a re-submit , please list the session of the original submission below:
Pay Pal (please include a copy of your receipt):		
Cash:		
Readers' Credits:		
Committee Member:		

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

I understand and agree that you have no responsibility or obligation to me other than that described in the eligibility requirements and entry rules.

If my submission is not original in concept, or if other persons have heretofore submitted or hereafter submit similar material which persons involved in the program have the right to use, then I agree that the Scriptwriters Network personnel shall not be liable to me for the use of such material and that they shall not be obligated to compensate me for such use.

I agree to hold harmless the Scriptwriters Network, their officers and members, and all other persons selected to be program personnel, from any legal action (including attorney's fees and expenses) in regard to the disposition of the submitted script.

I agree and promise that I shall not make the Scriptwriters Network, or program personnel a party to, nor shall any of them be held responsible for, any action taken regarding the sale or other disposition of the submitted script whether as a direct or indirect result of this program or not.

If sale or option of my script results from the Hollywood Outreach Program, the Scriptwriters Network has my permission to publicize this information.

I understand that you are relying on my promises herein in permitting me to enter this program.

Signed:	Date:
Signed:	Date:
Address, if different from above:	

FOR HOP ADMINISTRATIVE USE ONLY

Date of Receipt:	Date of Session:	Session #:	Script Code:
Screener 1:	#: Sent:	Recommend?	Date:
Screener 2:	#: Sent:	Recommend?	Date:
Screener 3:	#: Sent:	Recommend?	Date:
Screener 4:	#: Sent:	Recommend?	Date:
Prior Screeners:		Date Completed:	