



Hollywood Outreach Program

Friends of the Network Questionnaire

Date:			
Name:		Title:	
Company:			
Address:			
Phone:		Fax:	
Email:			
Recent Credits:			

What type/genre of material are you looking for? (Please check all that apply.)

<input type="checkbox"/>	ALL GENRES	<input type="checkbox"/>	DRAMA	<input type="checkbox"/>	COMEDY	<input type="checkbox"/>	HORROR/SUPERNATURAL
<input type="checkbox"/>	ACTION/ADVENTURE	<input type="checkbox"/>	PERIOD	<input type="checkbox"/>	ROMANTIC COMEDY	<input type="checkbox"/>	HORROR/SLASHER
<input type="checkbox"/>	SUSPENSE/THRILLER	<input type="checkbox"/>	BIOPIC	<input type="checkbox"/>	ROMANCE	<input type="checkbox"/>	SCIENCE FICTION/FANTASY
<input type="checkbox"/>	MYSTERY	<input type="checkbox"/>	NO STRONG FEMALE	<input type="checkbox"/>	FAMILY/ANIMATION	<input type="checkbox"/>	FILM NOIR
<input type="checkbox"/>	FOREIGN SETTING	<input type="checkbox"/>	URBAN DRAMA	<input type="checkbox"/>	TEEN-ORIENTED	<input type="checkbox"/>	EROTICA
<input type="checkbox"/>	WESTERN						

The categories listed above are very broad. If you wish, please be more specific, e.g., dark comedy, psychological thriller, etc., or let us know which genres you definitely do NOT want.

What is the range of your budget?

Please provide any other information that may be helpful to us.

Will you require a release form?

YES NO

Please email Leilani Squire at lsquire@scriptwritersnetwork.org if you have any questions.

Thank you!
scriptwritersnetwork.org