



Scriptwriters Network®
A Nonprofit Organization

HOLLYWOOD OUTREACH PROGRAM
Rules and Regulations

Next Deadline – Saturday 19 May, 2012

Please sign and scan your submission / release form and e-mail it with your script and proof of PayPal payment to hop@scriptwritersnetwork.org. If you do not have an electronic version of your signature (or a scanner), please type your full legal name in the signature field of the application form below. If this poses a problem, please email us. Please write “HOP – script title and your name” in the subject line.

Your signed submission / release form, plus payment, **must be received** before your script can be processed.

Submission Guidelines

1. Submit **one copy** of your script in PDF format only. Please ensure your name or other identifying information **do not appear** anywhere on your script. The **title page** should only include the **name of your script**, the **genre**, a **logline (1-3 sentences)** and a **one paragraph statement of intent/ writer’s vision** to help the readers understand where you’re coming from.
2. Include **the entry fee** as applicable.
 - \$120 for Scriptwriters Network members
 - \$155 for non-Network members
 - \$190 if entering and joining the Scriptwriters Network at the same time. Please join online at www.scriptwritersnetwork.org.
3. If the script is written by more than one person, all writers must sign the submission form.

General Rules

- Scripts must be under 120 pages and must follow standard feature film / MOW format.
- If your script is based on a true story (public domain or acquired the rights), please state it on the title page.
- Scripts submitted must not have been sold, optioned and must not be in active negotiations for sale.
- Submissions that do not meet the full requirements of the program will be disqualified.
- There are NO REFUNDS.
- If you have any queries regarding the program, please contact Jim Sarantinos, Director of the Hollywood Outreach Program at hop@scriptwritersnetwork.org.

HOLLYWOOD OUTREACH PROGRAM - SUBMISSION FORM

SUBMISSIONS ARE DUE BY MAY 19, 2012

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

Amount Paid:	(\$)
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PayPal Receipt Number:		If this is a resubmission , please list previous session number(s):
Readers' Credits: (4 per script)		
Committee Member:		Previous title?
How did you hear about HOP?		Verified:
		By:

PLEASE READ THE FOLLOWING DISCLAIMER 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:	Writer ID (if available):	Date:
Signed:	Writer ID (if available):	Date:
Address, if different from above:		

FOR HOP ADMINISTRATIVE USE ONLY

Date of Receipt:		Date of Session:		Session Number:			Script No.:		
	ID	Name	To Reader	Rec Cov'g	Rating	To Writer	Rec F'back	To Reader	
Round 1	Reader 1		<input type="checkbox"/>	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reader 2		<input type="checkbox"/>	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reader 3		T/F	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reader 4		T/F	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Round 2	Reader 1		<input type="checkbox"/>	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reader 2		<input type="checkbox"/>	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reader 3		T/F	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reader 4		T/F	<input type="checkbox"/>	Rec./Consider/Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous Readers:					Date Completed: <input type="checkbox"/>				