

2009 Mustard Museum Script Contest

ENTRY FORM

Name(s): _____

Address: _____

City: _____ STATE _____ ZIP _____

Country _____

Telephone _____

Email Address: _____

I certify that I have read and understand the rules of this contest. I also certify that the work I am submitting is my (our) own and has not been previously produced or published. In the case of collaborative entries, all collaborators must sign this form.

Entry Fee:

_____ Member of Wisconsin Screenwriters Forum: NO FEE

_____ All others: \$10.00

Signature(s)

Submission of this form electronically does not require a physical signature.

Send this completed form to

Mustard at the Movies Script Contest
c/o Mount Horeb Mustard Museum
P.O. Box 468
Mount Horeb, WI 53572

You may transmit this form electronically to curator@mustardmuseum.com. See contest rules for method of sending payment electronically.