

Ithra Theater Short Play Contest Form

| I (name) | as the writer of the script (name of |
|---------------------------------|---|
| script) | give my full consent to Ithra to adapt my |
| script for the stage as part of | Ithra's Short Play Contest 2023. This |
| stage adaptation will be in ac | ccordance to the artistic vision of the |
| director. | |
| This consent has been read | and fully understood by the undersigned. |
| Playwright's Signature | |
| Data: | |