

# *2005 Carl Sautter Memorial Television Outreach Program*

## ELIGIBILITY REQUIREMENTS AND ENTRY RULES

1. **It isn't necessary to be a member of the Network, however, if you are you MUST** include a copy of your membership card in order to receive the lower rate. Should your membership come up for renewal during the screening phase of the program, your dues **MUST** be paid in full in order to remain in the program. If a script is written in partnership, all partners have to be members and must submit copies of their cards.  
  
**If you wish to join the Network, and enter this round of Television Outreach, please include a completed Membership Application** (available elsewhere on this site), a check for either \$75.00 (if you live in the LA area) or \$65.00 (if you don't), and a separate check for \$15.00 processing fee.
2. **Complete and sign the Entry/Release Form.** If you have partner(s), each partner must sign. Fill out one form for each script submitted.
3. You may submit up to three (3) scripts into the program.
4. Include **three (3)** copies of each script.
5. **Spec scripts for all half-hour and one-hour network, cable, or syndicated series on production as of July 9<sup>th</sup>, 2005 are eligible, as are pilot scripts for original series.** Spec scripts for shows no longer in production are NOT eligible, nor are scripts for daytime or children's programming.
6. **Members include a \$40.00 fee per script. Non-members include \$60.00.** Please do not send cash in the mail. This must be a separate check from the membership and processing fee.
7. **Scripts must be bound with 2 brads and cardstock covers.** The title page should list the series title and the episode title. **DO NOT PUT YOUR NAME ANYWHERE ON THE SCRIPT, ONLY ON THE RELEASE FORM.**
8. Scripts submitted must not have been sold or produced.
9. **Mail in submissions must be postmarked by July 3, 2005. They may also be delivered in person at the General Meeting on July 9<sup>th</sup>, 2005.** Mail scripts to: CARL SAUTTER MEMORIAL TELEVISION OUTREACH PROGRAM c/o The Scriptwriters Network, 11684 Ventura Blvd. #508, Studio City, CA 91604.
10. Submissions that do not meet the full requirements will be disqualified. Checks returned from the bank will also disqualify submissions.

The following is a brief description of the process your script will go through once it's submitted to the program.

## SCREENING

**Phase One:** ALL screening is anonymous. Two readers will evaluate your script. Each will give written feedback on his/her analysis of dramatic structure, originality, plot development, characterization, dialogue, style, and format. If both readers recommend your script, it'll move to Phase Two. If only one reader recommends your script, it'll go to a tie-breaking third reader. If both readers determine that the script should not receive recommendations to move forward, you will be notified as such. All evaluations will be sent to you. NO scripts will be returned. You can expect to hear on your standing in Phase One by the second week in November.

**Phase Two:** Should your script receive a double, members of the CSMTOP Committee will determine final qualification. This is a rigorous process; you are NOT competing against other scripts, but against an industry standard. We will ask questions such as, is this script, as written, so compelling that it will get the writer work? You should expect to hear on your final standing by the second week in January.

**Selected Scripts:** Scripts are scored based on story, originality, structure, character, dialogue, and format/punctuation. The highest score will receive a gift certificate to the Writer's Store, and the two runners-up (if there are any) will receive a year's subscript to scr(i)pt magazine. If your script is selected, you will meet with a member of the CSMTOP committee to develop a list of showrunners and producers, as well as network and studio development executives, whom the Network will contact on your behalf. The timing may be such that your reads could occur prior to the staffing season, to offer you the best chance of translating your win into a job. **If you have an agent, it's important to let us know.** Since this is a very busy time for the industry, the exact timing is impossible to predict. The Scriptwriter's Network reserves the right to publicize the writer's name and selected script.

## RETURN OF SCRIPTS

Reader's feedback forms will be e-mailed to all entrants, unless you have no e-mail. No scripts will be returned and it will be up to the finalists to submit their re-write within the time allotted.

## SUBMISSION DATE

**ALL ENTRIES MUST BE RECEIVED BY July 9<sup>th</sup>, 2005**

\*\*\*Any questions, contact Diane House (Drama) at (503) 643-0426 or Xaque Gruber(Sitcom) at (323) 906 1943.\*\*\*

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## SCRIPT SUBMISSION FORM

SCRIPT TITLE: \_\_\_\_\_

SERIES TITLE: \_\_\_\_\_

ONE-HOUR \_\_\_\_\_ HALF-HOUR \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BE SURE TO INCLUDE AN ENTRY FORM AND CHECK FOR EITHER \$30.00 OR \$60.00 DEPENDING ON AFFILIATION, PAYABLE TO THE SCRIPTWRITERS NETWORK, FOR EACH SCRIPT SUBMITTED, AS WELL AS COPIES OF ALL APPLICABLE MEMBERSHIP CARDS.

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(FOR OFFICE USE ONLY)

ROUND NUMBER: \_\_\_\_\_ SCRIPT CODE NUMBER: \_\_\_\_\_

PAYMENT RECEIVED: \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_

SWN MEMBER \_\_\_\_\_

NON-MEMBER \_\_\_\_\_ Joined? \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN AT THE BOTTOM**

I understand and agree that The Carl Sautter Memorial Television Outreach Program has no responsibility or obligation to me other than that which is described in the eligibility requirements and entry rules.

If my submission isn't original in concept, or if other persons have heretofore submitted or hereafter submit similar material which persons in the program have a right to use, then I agree that The Scriptwriter's Network 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 Scriptwriter's 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 Scriptwriter's 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 or not as a direct or indirect result of this program.

If I am a finalist; the Carl Sautter Memorial Television Outreach Program may publish this information. If a sale or option of my script, or a freelance or staff assignment results from the Carl Sautter Memorial Television Outreach Program, the Scriptwriter's Network also has my permission to publish this information.

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

**NOTE:** If the script is written in partnership, all partners MUST be members of the Network and must sign below.

1. SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS/PHONE: \_\_\_\_\_

2. SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS/PHONE: \_\_\_\_\_