



ORGANIZATION OF BLACK SCREENWRITERS

Script Development Submission Form

Writer's Name _____

Script Title _____

Genre

Comedy

Action-Adventure

Drama

Horror

Romantic Comedy

TV Sitcom

MOW

TV 1 Hour Drama

Animation

Address _____

Street

City

State

Zip Code

Phone _____ Cell _____

E-mail _____

Logline: _____

OBS does not act as an agent or manager, only as a referral service for writers to the industry. However, the undersigned writer agrees to donate a 3% finder's fee to OBS if this work is sold as a result of OBS efforts.

Signature

Date

Submit a copy of your script with this form along with a fee of \$80 per reader (up to three readers). Non-member fee is \$95 per reader. Mail script to:

Attention: Script Development

OBS

1999 West Adams Blvd

Los Angeles, CA 90018

www.obs-writer.com