



ORGANIZATION OF BLACK SCREENWRITERS

Script Development Submission Form

Writer's Name _____

Script Title _____

Genre

___ Comedy
___ Horror
___ MOW

___ Action-Adventure
___ Romantic Comedy
___ TV 1 Hour Drama

___ Drama
___ TV Sitcom
___ 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

Check the level of requesting and submit a copy of your script with this form along with appropriate fee:

- LEVEL I: Basic Coverage (Member: \$125/Non-member: \$145)
- LEVEL II: Analyzed Coverage (Member: \$175/ Non-member: \$200)
- LEVEL III: Professional Consultation (Member: \$350/ Non-member: \$400)

Mail script to:

OBS
Attention: Script Development
1999 West Adams Blvd., Los Angeles, CA 90018
www.obs-writer.com