



# WRITERS OUT LOUD

## AUDIO ENTRY FORM

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Phone: \_\_\_\_\_

Entry Title: \_\_\_\_\_

Length: \_\_\_\_\_

Producer (if applicable): \_\_\_\_\_

Has this piece been aired or presented elsewhere?  YES  NO

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Category Entered (select one):

Voice Only Fiction  Voice Only Creative Non-Fiction  Voice Only Poetry

Multi-Audio Fiction  Multi-Audio Creative Non-Fiction  Multi-Audio Poetry

Blurred Boundaries

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