



# Story Submission Form

## Personal Info

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/  
Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

## Story

Please describe your Egyptian Theatre story (add more pages if needed):

May we contact you for a further interview?

Yes

No thanks

Please return to Tatianna Salisbury at [info@egyptiantheatre.org](mailto:info@egyptiantheatre.org) or mail form to 135 N. 2<sup>nd</sup> Street DeKalb, IL 60115