



**PSF Shakespeare Competition Entry Form**  
*Please fill out completely. Each student may enroll in one event.*  
**REGISTRATION DEADLINE: FEBRUARY 9, 2018**

**Team Info**

School Name:	School Address:
_____	_____
City/State/Zip:	Coach's Name:
_____	_____
E-Mail Address:	Telephone Number:
_____	_____

**Monologues**

Student's Name	Grade	Title of Play	Character
_____	_____	_____	_____
Student's Name	Grade	Title of Play	Character
_____	_____	_____	_____
Student's Name	Grade	Title of Play	Character
_____	_____	_____	_____

**Duo/Trio Scenes**

**Scene 1**

Student's Name	Grade	Title of Play	Character
_____	_____	_____	_____
Student's Name	Grade		Character
_____	_____		_____
Student's Name	Grade		Character
_____	_____		_____

**Scene 2**

Student's Name	Grade	Title of Play	Character
_____	_____	_____	_____
Student's Name	Grade		Character
_____	_____		_____
Student's Name	Grade		Character
_____	_____		_____

**Scene 3**

Student's Name	Grade	Title of Play	Character
_____	_____	_____	_____
Student's Name	Grade		Character
_____	_____		_____
Student's Name	Grade		Character
_____	_____		_____



## PSF Shakespeare Competition Payment Form

If you need an invoice to make a payment, or for any questions, please contact  
610-282-9455 ext. 9 or [education@pashakespeare.org](mailto:education@pashakespeare.org).

---

### Worksheet:

Number of students	x	Entry fee	
_____		\$ 25.00	= \$ _____
Number of tickets to DeSales University's Act 1 production of <i>The Devil's Disciple</i>	x	Discounted ticket fee	
_____		\$ 15.00	_____
		<b>TOTAL AMOUNT DUE</b>	\$ _____

### Payment:

\_\_\_ Check made payable to PSF  
\_\_\_ Credit Card

\_\_\_ VISA    \_\_\_ MASTERCARD    \_\_\_ DISCOVER    \_\_\_ AMEX

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

---

*Please return completed forms with payment to:*

PSF SHAKESPEARE COMPETITION  
2755 Station Ave.  
Center Valley, PA, 18034