



## PSF Shakespeare Competition Entry Form

Please fill out completely. Each student may enroll in one event.

**REGISTRATION DEADLINE: February 17, 2026**

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### Team Info

School Name:

School Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Coach's Name:

\_\_\_\_\_

E-Mail Address:

\_\_\_\_\_

Telephone Number:

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### 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

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### 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

Return form to PSF Shakespeare Competition, 2755 Station Ave., Center Valley, PA 18034 or [kim.carson@pashakespeare.org](mailto:kim.carson@pashakespeare.org)

# PSF Shakespeare Competition Payment Form

If you need an invoice to make a payment, or for any questions, please contact  
Kim Carson, Director of Education at [kim.carson@pashakespeare.org](mailto:kim.carson@pashakespeare.org).

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## Worksheet:

Number of students	x	Entry fee	
_____		\$ 25.00	= \$ _____
		<b>TOTAL AMOUNT DUE</b>	\$ _____

## Payment:

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

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

Name on card: \_\_\_\_\_

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

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

Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

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*Please return completed forms with payment to:*

PA Shakespeare Festival  
Attn: SHAKESPEARE COMPETITION  
2755 Station Ave.  
Center Valley, PA, 18034

*Or*

[kim.carson@pashakespeare.org](mailto:kim.carson@pashakespeare.org)