

Provincial High School Theatre Festival Regional Festival Entry Form

Select your School District

Enter your school name and address here.

School Fax#: School FAX #

School Phone#: School Phone #

Principal: Name of Principal

Principal's Approval: Yes/Pending Explain pending approval.

Group Leader(s): Name(s) of Group Leader(s)

Contact Email(s): Email(s) of Group Leader(s)

Name of Play (if known): Name of Play

Name of Playwright: Name of Playwright



Return this Entry Form to *Fiona Frawley* (ffrawley@lsb.ca) by January 31, 2011

Plays CANNOT Exceed 45 Minutes
company CANNOT consist of more than 8 people (this *includes* teachers,
students, directors, chaperones)