



2010 National Shakespeare Competition
Branch Competition Entry Form
 The English-Speaking Union of the United States

BRANCH USE ONLY	
Branch:	
Coordinator:	
Phone #:	Fax#:
Please check one:	BRANCH WINNER <input type="checkbox"/> BRANCH RUNNER UP <input type="checkbox"/>

School Use Please TYPE or print clearly.
 School, winner and teacher names will appear in the program as written here.

Winner: _____ Email: _____
 Address: _____

Home Phone#: () _____ Cell Phone #: () _____
 Grade: _____ Age: _____ Please check one: Male Female

Monologue: _____ Play: _____ Character: _____ Act: _____ Scene: _____ Lines: _____
 (Indicate Lines cut)

First line: _____
 Last line: _____
 Sonnet: _____

Parent/Guardian: _____ Relationship: _____
 Address: _____

(if different to above)
 Home Phone #: () _____ Work Phone #: () _____
 Cell Phone #: _____ Email: _____

School: _____
 Address: _____
 Phone #: _____ Fax #: _____

Teacher: _____
 Email: _____
 Home Address: _____
 Home Phone #: _____ Cell Phone #: _____

School Runner Up: _____ Third Place: _____

Approximately how many students participated in the Competition at your school? _____
 What type of institution is your school (Public, Independent, Parochial, etc.)? _____

When your school competition is complete, please return this form to your local Branch Coordinator.