



INDEPENDENT SCHOOLS THEATRE FESTIVAL

2012 Festival Play Entry Form

Name of School: _____

School Address: _____

City: _____

Zip Code: _____

School Phone: _____

FAX: _____

Director's Name: _____

Director's Email Address: _____

Director's School Phone: _____ Cell: _____

By signing this form, the School Principal agrees to give permission for the school to attend and perform in the **2012 ISTF Festival on October 13th, 2012** at Bishop Sullivan Catholic High School in Virginia Beach, VA.

School's Principal Signature

Date

Please mail this form to:

Trey Clarkson

4552 Princess Anne Road

Virginia Beach, VA, 23462

Please mail this form in by **March 12th, 2012**

This will allow us to officially begin formal preparations for our festival.