



FIRST ANNUAL

Badger Playfest

ENTRY FORM

Playwright's First Name

Parent/ Guardian's First Name Last Name

Street Address

City State Zip Code

Playwright's Phone (if applicable) Home/ Parent Phone

Playwright's Email Home/ Parent Email

____ / ____ / _____

Playwright's Date of Birth Pronouns Grade

Name of School School District (if applicable)

Teacher's Name (if applicable) Teacher's Email

Name of Play

Roles (ex: 2f, 1 m, 1 any gender)

Email plays to: justin.sherman@berkshireschools.org

This play is my work only. In entering it, I agree to abide by all the rules of The Badger Playfest. If my play is selected, I give my permission for it to be performed by Berkshire Public Library, providing my name as listed as the author.

Signature _____ Date _____

Signature of Parent or Guardian (if under 18) _____

