



The English-Speaking Union
National Shakespeare Competition
2014 SCHOOL PARTICIPATION FORM



FORM SUBMISSION DEADLINE:

Teachers: Please fill out and return this form to inform your local ESU Branch that your school will be participating in the 2014 English-Speaking Union National Shakespeare Competition.

School Name: _____

School Address: _____

(include State and Zip Code) _____

School Phone: () _____ **School Fax:** () _____

School Coordinator: _____

Home Phone: () _____ **Work Phone:** () _____

Email Address: _____ **Fax:** () _____

Hours when Coordinator may be reached at school: _____

Approximately how many teachers will be involved in
your school competition? _____

Will the competition at your school be required
(part of the curriculum) or an extra-curricular activity? _____

Will any events be held in conjunction with your
school competition (school assembly, school play,
student group meeting, etc.)? _____

Please return this form to: