



The English-Speaking Union
National Shakespeare Competition
2017 PHOTO RELEASE FORM

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Event/Program: English-Speaking Union National Shakespeare Competition

Name of ESU Branch: _____

Name of Participant: _____

Address: _____

Telephone: _____
Home Work Cell

Fax Number: _____ *E-mail:* _____

Signature of Participant Print Name Date

Signature of Parent (if under 18) Print Name Date