



Entry Form

“IT’S A ZOO!” THEATRE COMPETITION 2010

www.ItsAZooTheaterCompetition.com

FAX 315.732.8468



School Name and Address: _____

Principal Name: _____

Name of Play: _____

Book that Play is adapted from: _____

Publishing Information: _____

Contact Person(s)/Teacher(s) Information: _____

Name(s): _____

Phone Numbers: _____ Fax Number: _____

E-Mail: _____

Projected size of cast (minimum 30), grade level(s): _____

Preferred time and date for your school judged semi-final performance within February 1- April 30, 2010 period.
Dates will be scheduled on first come first served basis. _____

Would you like to have a professional theater consultant advise you about your initial performance plans? _____

A play must be an original adaptation of an existing piece of literature. List names of involved playwrights-teacher(s) and student(s).

**Mail this Entry Form with the \$50 non-refundable fee
by deadline January 31, 2010 to:**

**Stanley Center for the Arts - “It’s a Zoo!” • 261 Genesee Street, Utica, NY 13501
(Download Entry Form at www.ItsAZooTheaterCompetition.com)**

If you have questions please contact:

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