



Cultural Arts Center Fall Choral & Theatre Festival

2017 Registration Form for Theatre - Performance Entries

DUOLOGUES

Name of Performers #1: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #2: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #3: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #4: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #5: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #6: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #7: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #8: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #9: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____

Name of Performers #10: _____

Theatre Division: _____ **Name of Play:** _____

Name of Selection to be performed: _____

Author & Publisher: _____