

**KENTUCKY HIGH SCHOOL SPEECH LEAGUE, INC.  
STATE DRAMA FESTIVAL  
ENTRY AND CAST FORM**

School Name \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title of Play \_\_\_\_\_

Author \_\_\_\_\_ Publisher \_\_\_\_\_

Scene at Opening of Play \_\_\_\_\_

Time Period of Play \_\_\_\_\_

Name of Director \_\_\_\_\_ Signature of Director \_\_\_\_\_

(The signature above indicates that the students listed below have met all eligibility requirements.)

Cast (In Order Of Appearance)

Character	Student's Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: If your play has more than ten (10) characters, please continue this listing on the back of this form.

After completing this form, send it, along with the enclosed production form and a check for \$100, to **K.H.S.S.L., Inc., Western Kentucky University, Ivan Wilson FAC 130, 1906 College Heights Blvd. #21029, Bowling Green, KY 42101-1029**. This entry form and fee must be received (not postmarked) by **Friday, November 23 2007**. Please allow at least five business days to ensure delivery. Receipt of your entry and fee will be confirmed by e-mail.