



The Wayne Fairhead New Play Award

Information Form

Student(s)' Name (s): _____

Teacher/Advisor: _____

Name of District Festival: _____

Full Name of School: _____

School address (complete with postal code): _____

Telephone: _____

Teacher/Advisor E-mail: _____

Title of Play: _____

Original Script? YES ___ NO ___ Adaptation? YES ___ NO ___

If adapted, give the title and author of the original work:

Title: _____

Author: _____

I declare that the above information is correct:

Student signature: _____

Name: _____

Teacher/Advisor signature: _____

Name: _____

This information **MUST** be received together with your script as a separate pdf. File (anonymous) no later than seven (7) days following the final evening of your District Festival. Writers name/school **MUST NOT** appear on the script. Forward to waynefairhead@hotmail.com