

INTENT TO PARTICIPATE ST. LOUIS HIGH SCHOOL MUSICAL THEATRE AWARDS

NAME OF SCHOOL

NAME OF CONTACT PERSON

(It is imperative that this person has access to mail, email and phone calls on a daily basis.)

| ADDRESS OF SCHOOL | | |
|-------------------|--------------------|--|
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| | | |
| | | |
| DAY PHONE | | |
| | EVENING FILONE | |
| | | |
| | | |
| EMAIL | | |