附件1

第八届全区中小学校科普剧竞赛报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **参赛单位** | **单位名称** |  | | | | | | | | | | | |
| **通讯地址** |  | | | | | | | **邮政编码** | | |  | |
| **联系人** |  | | **职务** | |  | | | **联系电话** | | |  | |
| **手 机** |  | | **QQ号** | |  | | | **电子邮件** | | |  | |
| **参赛项目** | | **（类别： □ 微剧本 □ 科普剧）** | | | | | | | | | | | |
| **参赛剧目** | |  | | | | | | | | **演员人数** | | |  |
| **剧情梗概**  **（100字）** | |  | | | | | | | | | | | |
| **参赛者信息（联合创作者不超过2人）** | | **姓 名** | | | **工作单位** | | **电子邮箱** | | | | **联系电话** | | |
|  | | |  | |  | | | |  | | |
|  | | |  | |  | | | |  | | |
| **参赛单位意见：**  **盖章**  **年 月 日** | | | **市（县）科协意见：**  **盖章**  **年 月 日** | | | | | **市（县）教育局意见：**  **盖章**  **年 月 日** | | | | | |