附件1.第五届校园心理情景剧大赛报名表

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| **序号** | **学院/书院/团队** | **剧目名称** | **指导教师** | **编剧** | **导演** | **计划演职人员 （人数）** | **备注** |
| **姓名** | **联系方式** | **姓名** | **联系方式** | **姓名** | **联系方式** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |