

2022-2023
UIL OAP CLINIC ADJUDICATOR CONFLICT
ACKNOWLEDGEMENT FORM
Directors, please submit one form for each clinician

Host Name:		Administrator Name:				
School:						
Date:		I acknowledge that I have reviewed the list of participants at this clinic and do not have contracts to judge any of these contests. Clinician Signature: Date:				
Clinician:						
Participating School and Play Title		Conference	Region	Area	District	Zone
South Texas High School, <i>Hamlet</i>		5a	4	1	31	1
1						
2						
3						
4						
5						
6						
7						
8						

For 2022-2023

The minimum number of schools at a host site is not required. A school may bring a critic to their home campus. **A school's session may not exceed more than 2 hours this includes the performance of the contest entry and critique.**

USE ADDITIONAL FORMS IF NECESSARY. EACH MUST BE SIGNED. Email forms to Theatre@uiltexas.org