

UIL OAP CLINIC ADJUDICATOR CONFLICT ACKNOWLEDGEMENT FORM

Directors, please submit one form for each clinician Contest Year:

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:					
	Clinician Signature: Date:				
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					

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