

## UIL OAP CLINIC ADJUDICATOR CONFLICT ACKNOWLEDGEMENT FORM

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					

USE ADDITIONAL FORMS IF NECESSARY. EACH MUST BE SIGNED. **Email forms to [Theatre@uiltexas.org](mailto:Theatre@uiltexas.org)**