

UILMUSIC REGION 12 REQUEST FOR CHANGE OF UIL PERFORMANCE

Please note: Schedules can only be changed within conference assignments (C & CR p. 153)

Due By Contest Entry Deadline

School: _____ Group _____

Director: _____ Phone _____ Fax _____

Date of Request _____ E-mail: _____

Event: _____ Date of Event: _____

Performance time requested: _____

Name of conflict and type of event.

Name of student(s) involved and part in performing group.

Is conflict a UIL event or invitational event?

You may attach additional information to help determine if this request may be honored.

Director's Signature

Principal's Signature

Music Administrator's Signature

Office use only.

Approved _____

Executive-Secretary

Denied _____

FILL OUT THIS FORM ON YOUR COMPUTER AND THEN PRINT THE FORM TO BE MAILED WITH OTHER OFFICIAL FORMS. **Acrobat Reader** IS NECESSARY FOR USE OF THIS FORM. USE THE <TAB> KEY TO MOVE FROM FIELD TO FIELD