

UIL REGION 27

REQUEST FOR CHANGE OF UIL PERFORMANCE TIME/DAY

DUE BY CONTEST ENTRY DATE

MAIL WITH ENTRIES OR FAX

School: _____

Group: _____

Event: _____

Performance Day Requested: _____

Performance Time Range Requested: _____

Director: _____

Phone: _____ Fax: _____

Email: _____

Date submitted: _____

School Conflict and number of students involved:

Signature of director

Signature of principal

Signature of Music Administrator

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For office use only:

Approved _____

Executive Secretary

Denied _____