

UIL REGION XXIII
REQUEST FOR CHANGE OF UIL PERFORMANCE
TIME / DAY

Due By Contest Entry Deadline

School: _____

Group: _____

Director: _____

Phone: _____ Fax _____

Date of Request: _____

E-mail: _____

Event: _____

Date of Event: _____

Performance Day Requested: _____

Performance Time Requested: _____

School Conflict and number of students involved:

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. *AcrobatReader* IS NECESSARY FOR USE OF THIS FORM. USE THE <TAB> KEY TO MOVE FROM FIELD TO FIELD.