

THEATRICAL DESIGN CONTEST

**COSTUME DESIGN**

REGISTRATION FORM

**REGISTRATION DEADLINE:** Postmarked by December 20.

**NAME OF SCHOOL:** \_\_\_\_\_

**NAME OF STUDENT:** \_\_\_\_\_

**SCHOOL CLASSIFICATION:**

CLASS "AA" \_\_\_\_\_ CLASS "A" \_\_\_\_\_ CLASS "B" \_\_\_\_\_

**NAME OF THEATRE DIRECTOR:** \_\_\_\_\_

*"I hereby certify that the above listed student is eligible and conforms to all the standards required by the SDHSAA CONSTITUTION AND BY-LAWS and the DIVISION OF SPEECH BY-LAWS."*

\_\_\_\_\_  
School Administrator's Signature

\_\_\_\_\_  
Theatre Director's Signature

**EMAIL TO:** Brooks.Bowman@sdhsaa.com

**FAX #:** (605) 224-9262

**MAIL TO:** SDHSAA  
804 N. Euclid, Suite 102  
P. O. Box 1217  
Pierre, SD 57501

**REGISTRATION FORM DUE: December 20**