

THEATRICAL DESIGN CONTEST
THEATRICAL MARKETING
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

SP-6