

Georgia High School Association

NOTIFICATION OF ENTRY - ONE ACT PLAYS
COMPLETE AND MAIL TO YOUR REGION SECRETARY
Region/Area _____

Listed below is the information for the One Act Play representing _____ High School.

Each pupil listed has been properly certified to the State Office of the Georgia High School Association on Eligibility Reports.

The following play has been approved by the **Principal** of the above listed high school as being in good taste for high school students and acceptable for the morals of their community. Subject matter should not be of lewd or vulgar topic and should be suitable for family viewing.

(Signed – **PRINCIPAL**)

(Date)

DIRECTOR OF PLAY _____

Approximate Length of Play (time) _____

E-Mail of Director: _____

Phone No. Of Director: _____

NAME OF PLAY _____

Author of Play _____ Publisher _____ Royalty (if any) _____

LIST OF STUDENTS IN PLAY: (Do Not List Crews)
(List "character" in parenthesis next to cast member's name)

TOTAL: _____ Number Female _____

Number Male _____

COMPLETE AND RETURN TO YOUR REGION SECRETARY BY OCTOBER 1

(Region Secretary must submit the Region/Area Winner school's signed form to GHSA.)