

Official AIHEC One-Act Play Roster Registration Form

This form shall be submitted by Friday, March 1, 2024

Submit the form to competition coordinators: lacey.calvert@lrtc.edu or anyea.hake@lrtc.edu

Tribal College: _____

Head Coach/Point of Contact: _____

Head Coach/Point of Contact Email: _____ Phone: _____

Title of One-Act Play: _____

Please, carefully print the names of the participants.

| First and Last Name | First and Last Name |
|---------------------|---------------------|
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

I certify that the Tribal College participants listed on the roster meet all eligibility guidelines of the American Indian Higher Education Consortium (AIHEC) and are eligible to participate in the AIHEC Student Conference.

Signature – One Act-Play Head Coach/Contact Date

Signature – Registrar Date

AIHEC Participant Acknowledgement of One-Act Play Rules Form

By signing below, I acknowledge that I have received, read, and understand the rules and regulations set forth for participation in AIHEC Student Conference Handbook regarding the AIHEC One-Act Play Competition.

Print name_____

TCU Representing_____

Sign name_____ Date_____