

**UIL REGION 27**  
**REQUEST FOR CHANGE OF UIL PERFORMANCE TIME OR DAY**  
**(DUE BY CONTEST ENTRY DATE)**

**Email To:** [uilmusicregion27@gmail.com](mailto:uilmusicregion27@gmail.com)

School: \_\_\_\_\_

Group: \_\_\_\_\_

Event: \_\_\_\_\_

Performance Day Requested: \_\_\_\_\_

Performance Time Range Requested: \_\_\_\_\_

Director: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date submitted: \_\_\_\_\_

School Conflict and number of students involved:

Signature of Director \_\_\_\_\_

Signature of Principal \_\_\_\_\_

Signature of Music Administrator \_\_\_\_\_

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For office use only:

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Executive Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_