

MISSOURI STATE HIGH SCHOOL ACTIVITIES ASSOCIATION
Class 1
District Theatre
Manager's Certification Report

DISTRICT NUMBER: _____

TOURNAMENT SITE: _____

DATE HELD: _____

Please return this form to the MSHSAA Office within 48 hours after the contest for comparison to results posted online.

THEATRE EVENTS

Readers and One-Act:
TOP TWO IN EACH EVENT

READERS THEATRE

Rank
1. Title: _____
School: _____
2. Title: _____
School: _____

ONE-ACT PLAY

Rank
1. Title: _____
School: _____
2. Title: _____
School: _____

District Manager's Name _____

Email Address: _____

Personal Cell Number: _____