

# TETAAO CLINIC CONFLICT ACKNOWLEDGEMENT FORM

Host:						
School:						
Date:		I acknowledge that I have reviewed the list of participants at this clinic and do not have contracts to judge any of these contests. Signature _____ Date: _____				
Clinician:						
Participating School		Conference	Region	Area	District	Zone
<i>South Texas High School</i>		<i>5a</i>	<i>4</i>	<i>1</i>	<i>31</i>	<i>1</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

USE ADDITIONAL FORMS IF NECESSARY. EACH MUST BE SIGNED.