

GlenOak High School Choral Music Department
MAY SHOW 2021... “Come Alive...Celebrate”

Rehearsal Conflict Submission Form

1 form should be submitted per date of conflict

Print Student's Full Name: _____

Student's Cell: _____

Print Parent's Full Name: _____

Parent's Cell _____

Conflicting Activity/Sport: _____

Advisor/Coach Name: _____

Advisor/Coach Cell or Email: _____

Date(s) of Conflict: _____ (continue on back if needed)

May Show Rehearsal Start & End Time that Conflicts: _____ to _____

Activity/Sport Start & End Time that Conflicts: _____ to _____

DIRECTOR'S USE ONLY

Date form submitted to directors: _____

Resolution: _____
