

Flagstaff High School International Thespian Society

Point Submission Form

Member Info

Member Name: _____

Membership #: _____

Event Date (mm/dd/yyyy): _____

Event Info

Production/Event Title: _____

Producing Company: _____

Director Signature: _____

Point Category (Circle One)

Full Length Show

One Act Show

Officer

Festival/Event Attendance

Advocacy

Other

Role in Event: _____

Points Requesting: _____

DO NOT FILL IN – MR. SMITH USE ONLY

Approved ____ Denied ____

Points Awarded: _____

Smith Signature: _____ Date: _____