



DATE: August 1, 2023

TO: Choral Directors

FROM: Rickey Neaves, Executive Director

**RE: Choral Director Registration**

**THIS IS IMPORTANT**

In order for the choral director to be **registered with MHSAA**, and so that plans can be made for the State Performance Assessment, please complete the information requested below. **This form must be submitted to the MHSAA Office by September 15, 2023 or the choral director and school will not be allowed to participate in MHSAA-sponsored choral events.**

1. Name of Choral Director \_\_\_\_\_
2. Name of School \_\_\_\_\_
3. Address of School \_\_\_\_\_
4. City \_\_\_\_\_ Zip \_\_\_\_\_
5. School Telephone of the Choral Director (     ) \_\_\_\_\_
6. Email Address \_\_\_\_\_ Fax # (     ) \_\_\_\_\_
7. Home Address of the Choral Director (optional) \_\_\_\_\_
8. City \_\_\_\_\_ Zip \_\_\_\_\_
9. Home Telephone of the Choral Director (     ) \_\_\_\_\_ Cell No. (     ) \_\_\_\_\_
10. Total Enrollment of School \_\_\_\_\_
11. Number of Students in Chorus: Girls \_\_\_\_\_ Boys \_\_\_\_\_ Total \_\_\_\_\_

**Each participating school must declare which State Performance Assessment site they will be attending by circling their DISTRICT NUMBER. Request Letters for site change or non-participation must be submitted along with this form and received by the MHSAA Office by the stated date. The request letter must be composed by the school's principal and written on the school letterhead. Once approved, the choral director is responsible for communicating the change to both site coordinators.**

**\*\*CIRCLE YOUR DISTRICT; DECLARE SPA SITE - Required\*\***

I    II    III    IV                    VI    VII                    V    VIII  
 |\_\_\_\_Northern Districts\_\_\_\_| |\_\_\_\_Central Districts\_\_\_\_| |\_\_\_\_Southern Districts\_\_\_\_|

Submit this completed form by **September 15, 2023** (request letters as well)

**LeAnna Dawson, Assistant Director of Activities**

**PH: 601.926.4515** (direct to desk)

[ldawson@misshsaa.com](mailto:ldawson@misshsaa.com)

**% Mississippi High School Activities Association, Inc.**

**P. O. Box 127**

**Clinton, MS 39056**

**PH: 601.924.6400**

**FAX: 601.924.1725**

\_\_\_\_\_  
Choral Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature (Required)