



Ohio EdTA Information Sheet

SCHOOL _____ Troupe # _____

SCHOOL ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

AREA: Central North Northeast Northwest Southeast Southwest

TROUPE DIRECTOR _____

TROUPE DIRECTOR ADDRESS _____

CITY _____ ZIP _____ PHONE _____

EMAIL ADDRESS _____

TROUPE PRESIDENT _____

EMAIL ADDRESS _____

(our State Student Officers will likely make contact with your Troupe President to keep them informed)

PRODUCTION DATES & TITLES (to be shared with other troupes)

Dates	titles

Please send us your local media contact so we can more effectively promote our events and individual achievements

CONTACT _____ TITLE _____

MEDIA ORGANIZATION _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

**PLEASE TYPE IN INFORMATION AND EMAIL TO SCOTT WILSON:
swilson@ohedta.org**