

NON-MEMBER SCHOOL PARTICIPATION FORM

The attached form is to be completed and emailed to ASAA 2 weeks before the start of the event

SCHOOL: _____

DISTRICT: _____

ADMINISTRATOR: _____

ACTIVITY: Please circle the activity

All-state Art All-state Music Esport Other _____
Solo/Ensemble Student Government World Language

Student	Academic Eligible	Parent Permission	Play for Keeps

Adult	Certification Current
	Yes No
	Yes No

I hereby affirm that, to the best of my knowledge, the information provided above is accurate. All listed students are eligible, and all listed adults hold the necessary certifications.

Administrator Signature	Date
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