

# GENERAL USE FORMS

## General Use Forms

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# CHECKLIST FOR SCHOOL ADMINISTRATORS

This document has been developed by ASAA to aid member school administrators in meeting all the requirements for their activity and athletic programs.

## **PARTICIPANT ELIGIBILITY** (completed in the School Activities Reporting System (SARS) – Bigteams)

### 1. Student attended or participated for your school last year needs the following

- ☐ Physical Examination within the prior 18 months (athletic participation).
- ☐ Parent permission to participate form signed.
- ☐ Receipt of Concussion Information form signed (athletic participation).
- ☐ Receipt of Sudden Cardiac Arrest Information form signed (athletic participation).
- ☐ Play for Keeps video watched and form signed.
- ☐ No outstanding TAD requirements.
- ☐ Be enrolled in minimum number of semester units (Article 12, section 2, A4).
  - 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, graders – 2.5 semester credits
  - 12<sup>th</sup> graders on track to graduate – 2 semester credits
- ☐ Pass minimum number of semester units with a 2.0 or higher the previous semester. (Article 12, section 7).
  - First semester 9<sup>th</sup> graders immediately eligible
  - 2<sup>nd</sup> semester 9<sup>th</sup> graders, 10<sup>th</sup> & 11<sup>th</sup> graders – 2.5 semester credits
  - 12<sup>th</sup> graders on track to graduate – 2 semester credits

### 2. Student is first entering high school or has not established a school of eligibility needs the following

- ☐ Enter into the SARS system
- ☐ 8 items from #1

### 3. Student is transferring from another high school needs the following

- ☐ 8 items from #1
- ☐ Student/Parent initiate Transfer Rule Waiver in Bigteams  
Note: Bona Fide Change of Residence, Transfer without a Bona Fide change of residence, Application For Changing School of Eligibility, Boarding School Transfer are all in the same form

### 4. Student does not meet eligibility criteria (i.e. enrollment, classes passed, GPA) because of a hardship. A hardship is unforeseeable, unavoidable and uncorrectable act, condition or event which causes the imposition of severe and non-athletic burden upon the student

- ☐ 8 items from #1
- ☐ Student Eligibility Waiver Request filled out in Bigteams

## **TAD VIOLATIONS**

Enter violations in Bigteams

# CHECKLIST FOR SCHOOL ADMINISTRATORS

## SCHOOL ACTIVITIES REPORTING SYSTEM (SARS)

**COACHES/ADVISORS:** All coaches and advisors must be entered in the master eligibility system within two weeks of the beginning of their respective season. In addition all coaches and advisors must be certified. (Bylaws Article 10)

**PARTIPANTS:** All participants must be on a varsity or subvarsity roster before the first event for their activity. (Bylaws Article 12, Section 10)

ACTIVITY	COACH	PART
Co-ed Soccer – 8/15/25		
CC Running – 8/15/25		
Flag Football – 8/14/25		
Football – 8/14/25		
Football Cheer – 8/14/24		
Tennis – 8/15/25		
Gymnastics – 8/21/25		
Swim/Dive – 8/21/25		
VB 3A/4A – 8/21/25		
DDF – Prior to first meet		
Dance Team – Prior to first Event		
Rifle – 9/25/25		
All State Music – 9/25/25		
VB Mix 6/2A – 9/25/25		
AASG –		

ACTIVITY	COACH	PART
Bowling – 10/10/25		
Esports – 10/10/25		
Wrestling – 10/16/25		
Hockey Cheer – 10/30/25		
Hockey – 10/30/25		
Nordic Ski – 11/13/25		
Basketball – 12/18/25		
Basketball Cheer – 12/18/25		
World Language – 2/1/26		
Baseball – 3/20/26		
Soccer – 3/20/26		
Softball – 3/20/26		
Track & Field – 3/20/26		
All state Art – 4/5/26		
Solo & Ensemble – 4/19/26		

**OTHER:** The following information should also be entered into the SARS

☐ Weight certifications for wrestling

## **MAXPREPS** (maxpreps.com)

Schedules, and scores for all team sports should be entered on MAXPREPS. All football, volleyball, hockey, basketball, baseball, soccer and softball teams are required to enter schedules at the beginning of the season and scores by the Tuesday of the following week.

- Football schedules & scores are entered
- Volleyball set scores are entered
- Hockey schedules & scores are entered
- Basketball schedules & scores are entered
- Baseball scores are entered
- Soccer schedules & scores are entered
- Softball scores are entered

# CHECKLIST FOR NON-MEMBER SCHOOL ADMINISTRATORS

This document has been developed to aid non-member school administrators in meeting all the ASAA requirements.

Students attending non-member schools within member school districts may participate in the following activities for the non-member school;

All-State Art	Esports	Student Government
All-State Music	Solo & Ensemble	World Language

**NOTE:** Non-member schools wishing to compete in Drama Debate & Forensics must contact the Executive Director to obtain a waiver.

## **PARTICIPANT REQUIREMENTS**

- ☐ Parent/Guardian Consent for Student Travel and participation.(forms section ASAA handbook)
- ☐ Play for Keeps Student Parent/Guardian Acknowledgment. .(forms section ASAA handbook)
- ☐ No outstanding TAD requirements. (ASAA will verify)
- ☐ Be enrolled in minimum number of semester units (Article 12, section 2, A4).
  - 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, graders – 2.5 semester credits
  - 12<sup>th</sup> graders on track to graduate – 2 semester credits
- ☐ Pass minimum number of semester units with a 2.0 or higher the previous semester. (Article 12, section 7).
  - First semester 9<sup>th</sup> graders immediately eligible
  - 2<sup>nd</sup> semester 9<sup>th</sup> graders, 10<sup>th</sup> & 11<sup>th</sup> graders – 2.5 semester credits
  - 12<sup>th</sup> graders on track to graduate – 2 semester credits

**COACHES/ADVISORS:** Students that attend ASAA activities must be accompanied by at least one certified adult. For volunteers, advisors and directors to be certified they must complete the following (Bylaws Article 10):

- ☐ Concussion Awareness Training from NFHSlearn.
- ☐ Sudden Cardiac Arrest Training from NFHSlearn.
- ☐ Protecting Students From Abuse.
- ☐ Sign the State Championship Code of Conduct

# 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
-------------------------	------

# SCHOOL MEMBERSHIP APPLICATION

<b>Type of School:</b>		<b>Number of students currently enrolled in grades 9-12</b>	
<b>Public</b>	<b>Private</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<b>School</b>		<b>Principal</b>	
<input type="text"/>		<input type="text"/>	
<b>Address</b>		<b>City</b>	<b>Zipcode</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Phone</b>		<b>Email</b>	
<input type="text"/>		<input type="text"/>	
<b>School Mascot</b>		<b>School Colors</b>	
<input type="text"/>		<input type="text"/>	

## SUPERINTENDENT / SCHOOL DISTRICT INFORMATION

<b>School District</b>	<b>Public School Superintendent , if applicable</b>
<input type="text"/>	<input type="text"/>
<b>School District Address</b>	<b>City</b>
<input type="text"/>	<input type="text"/>
<b>School District Phone</b>	<b>Zipcode</b>
<input type="text"/>	<input type="text"/>
<b>School District Email</b>	
<input type="text"/>	

## SCHOLASTIC STANDARDS

Is the school approved by the state or other accrediting agency? ☐ Yes ☐ No

Do students take the state assessment tests? ☐ Yes ☐ No

Is the curriculum approved by the state or other national entity? ☐ Yes ☐ No

If so, please name the specific entity:

## FOR OFFICE USE ONLY

<b>Region</b>	<b>Decision</b>	<b>Date</b>	<b>Executive Director's Signature</b>
<input type="text"/>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="text"/>	<input type="text"/>

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# ASAA PASS ORDER

The ASAA Pass affords entrance into any regular season event, regional or district event, and any/all state tournaments during the school year. Passes are primarily for **Certified Coaches, Athletic Directors, Administrators, School District Administrators and School Board Members**. The cost is \$50 per pass.

Please \_\_\_\_\_ enter the names of individuals and the positions each holds with the school or school district as passes will be personalized before mailing out.

**School or School District**

**Principal**

**Phone**




FIRST NAME	LAST NAME	POSITION

**Total number of passes:**

**Amount Enclosed**

x \$50 =

Payment Method: \_\_\_\_\_ Have ASAA Invoice Us \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card # \_\_\_\_\_ Card CVV# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature \_\_\_\_\_

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

Date

# CONTRACT FOR INTERSCHOOL GAMES OR MEETS

This contract is made and subscribed to by the Principal and Athletic Directors of the participating schools listed below:

Name of School #1

Name of School #2

for (number) \_\_\_\_\_ contests in (list sport) \_\_\_\_\_ to be played as follows:

**First Team Contest**

_____	____/____/____	_____	____:____	__m
To be held at	Date	Day of Week	Hour	

**Preliminary Game**

____:____	__m
Hour	

**First Team Contest**

_____	____/____/____	_____	____:____	__m
To be held at	Date	Day of Week	Hour	

**Preliminary Game**

____:____	__m
Hour	

**Financial Terms**


1. Each school guarantees its membership and good standing in the Alaska School Activities Association, Inc., and also guarantees that participation in this contest will not violate any rule of that corporation.
2. Each contestant will be eligible under rules of the Alaska School Activities Association, Inc.
3. If either party fails to fulfill its contract obligations, that party shall make amends, if any, in accordance with the terms stated below. Such provisions shall not conflict with the Constitution or Bylaws.

**Contract Terms**


*Alaska School Activities Association, Inc. By-Laws Article VI, Section 1A states: "A breach of contract will be considered a rule violation"*

#1

Principal

Athletic Director

School

City / Town

#2

Principal

Athletic Director

School

City / Town



# COOPERATIVE SCHOOL/JOINT PARTICIPATION PROGRAMS APPLICATION

Cooperative school programs are defined as a union of two or more schools. Cooperative school programs may be approved by the Executive Director and/or the Board of Directors when a request is received in a timely manner. Schools are encouraged to consult with the Executive Director as how to best submit a request.

Joint Participation Programs allows students from a 1A or 2A schools to participate on another member schools team. Request must be submitted to the Executive Director in a timely manner.

For guidelines and specific conditions of Cooperative and Joint Participation Programs see ASAA Bylaws Article 7, Section 11

## These schools request permission to form a cooperative team.

School #1	Enrollment	Class
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #2	Enrollment	Class
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #3	Enrollment	Class
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
School #4	Enrollment	Class
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A

Cooperative teams may be formed in the following sports. Mark the sport and gender in which the above schools wish to form a cooperative team.

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys
<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Mix Six Volleyball	<input type="checkbox"/> Other _____		<input type="checkbox"/> Girls

The administrators of each school have read and understand ASAA Bylaw Article 7, Section 9, subsections B and C, and wish to form a cooperative team under these guidelines.

<b>School #1 Administrator's Name</b>	<b>School #1 Administrator's Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>School #2 Administrator's Name</b>	<b>School #2 Administrator's Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>School #3 Administrator's Name</b>	<b>School #3 Administrator's Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>School #4 Administrator's Name</b>	<b>School #4 Administrator's Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## FOR OFFICE USE ONLY

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Decision	Comments
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="text"/>

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

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# OUT-OF-STATE TRAVEL REQUEST

Out-of-state travel for interscholastic competition during the school year must be approved by the Executive Director. Use this form to request approval.

**School**

**Date of request**

**Team, group or organization requesting travel**

**Out-of-state destination**

**Departure date**

**Return date**

**Describe the out-of-state competition**

Event Title:

Type of Competition (invitational, tournament, etc.):

**School administrator's permission**

The above named school team/organization has my permission to travel for out-of-state competition.

School Administrator (please print) \_\_\_\_\_

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Executive Director's decision**

☐ APPROVED ☐ DISAPPROVED

**Executive Director's signature**

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

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# HEALTHCARE PROVIDER RELEASE CONCUSSION RETURN TO PLAY PROTOCOL

**Student Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Description:** \_\_\_\_\_

## IMPORTANT NOTE TO HEALTHCARE PROVIDER

Per AS 14.30.142, as amended, a student who has been removed from participation in a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation by an Athletic Trainer OR by a qualified person who verifies that he or she is currently trained in the evaluation and management of concussions.

**"Qualified person"** means either:

- 1) A health care provider licensed in Alaska, or exempt from licensure under Alaska law(AS 08.64.370(1), (2), or (4),  
**OR**
- 2) a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

As interpreted by ASAA, Athletic Trainer means a Certified Athletic Trainer.

As interpreted by ASAA, "Trained" means that the provider:

- 1) Has completed the online CDC Concussion Course for Clinicians ([www.preventingconcussions.org](http://www.preventingconcussions.org)) in the last two years,  
**AND**
- 2) Has **a)** completed 2 hours of CE or CME in Sports Concussion Management in the last 2 years, or **b)** has completed a one-year Sports Medicine Fellowship, a Certificate of Added Qualifications in Sports Medicine, or a Residency in Neurology or Neurosurgery.

IF YOU DO NOT MEET THESE CRITERIA, PLEASE REFER THE STUDENT ATHLETE TO A HEALTHCARE PROVIDER WHO DOES

### If an athlete is removed from participation in an activity because of a suspected concussion:

BUT is found **not to have a concussion**, the athlete's return to play should be determined by the athlete's medical provider in accordance with the provider's assessment of the athlete's condition and readiness to participate;

AND is **determined to have sustained a concussion**, the athlete's readiness to return to participation should be assessed in accordance with the Alaska School Activities Association's graduated Return to Play (RTP) protocol. All student athletes with a concussion must successfully complete an appropriate RTP Protocol. The Return to Play protocol recommended by ASAA's Sports Medicine Advisory Committee is described below.

Students should begin with a period of complete rest in which they avoid cognitive and physical exertion. As symptoms diminish, and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, school. The introduction of cognitive work should be in short increments which increase progressively in length and intensity so long as concussion symptoms do not recur or worsen. When several hours of cognitive work are well tolerated at home, then attendance at a half day of school is appropriate. When a full day of school is tolerated, then homework may be added. Academic accommodations may be necessary for student athletes as they return to school following a concussion. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued, additional cognitive work should be minimized until symptoms regress, and the student can attempt to advance cognitive work again on the following day.

Only when the concussion symptoms have been entirely absent for 24 hours, does Day 1 of the progressive return to physical activity begin. The Return To Play Protocol is to take place over a minimum of six days, with at least 24 hours between each step. The rate of progression through the steps in the program should be individualized. Factors which may slow the rate are young age, history of previous concussions, number/severity/duration of concussion symptoms, medical risk factors, and the concussion risk of the sports to which the athlete will return. Physical or cognitive activity that provokes recurrence of concussive symptoms will delay recovery and increase the risk of future concussion. Therefore, if symptoms recur at any step, then physical activity should stop until 24 hours after resolution of the symptoms, and then resume at the previous step.

**HEALTHCARE PROVIDER RELEASE - CONCUSSION RETURN TO PLAY PROTOCOL****Student Name:** \_\_\_\_\_**SECTION 1: THE NON-CONCUSSED ATHLETE - to be completed by Healthcare Provider**

☐ Student has **NOT** sustained a concussion. The **Medical Diagnosis** which explains his/her symptoms is:  
This is **REQUIRED** if checking the first box: \_\_\_\_\_

☐ Student is cleared to return to full sports participation. Medical Dx: \_\_\_\_\_

☐ Student is cleared for limited participation with the following restrictions [attach more pages if needed]:

**SECTION 2: THE CONCUSSED ATHLETE - to be completed by Healthcare Provider**

☐ Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol. \_\_\_\_\_  
Initials Date

☐ Student is cleared to begin ASAA's **Return to Play Protocol** with any modifications noted below. This clearance is no longer effective if student's symptoms return and persist. \_\_\_\_\_  
Initials Date

☐ **Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol as described above. The athlete is medically eligible to return to competition.**

Please note any additional modifications to ASAA's Return to Play Protocol below [attach more pages if needed]:

<b>SYMPTOMATIC STAGE:</b> Physical and Cognitive Rest; Then Incremental Cognitive Work, without Provoking Symptoms.		Initials	Date
Day 1	Begin when symptom free for 24 hours. 15 min of light aerobic activity: walk, swim, stationary bike. <b>NO</b> resistance training.		
Day 2	30 min light-moderate aerobic activity: jog, more intense walk, swim, stationary bike. <b>NO</b> resistance training. START PE class at previous day's activity level. As RTP Protocol activity level increases, PE activity level remains 1 day behind		
Day 3	30 min mod-heavy aerobic activity: run, swim, cycle, skate, Nordic ski. <b>NO</b> resistance training.		
Day 4	30 min heavy aerobic activity: hard run, swim, cycle, skate, Nordic ski. 15 min Resistance Training: push-up, sit-up, weightlifting		
Day 5	Return to Practice, Non-contact Limited Participation: Routine sport-specific drills		
Day 6	Return to Full-Contact Practice		
Day 7	Medically Eligible for Competition after completing RTP Protocol and is cleared by Healthcare Professional. ASAA Eligibility Criteria must be met before return to competition.		

**SECTION 3: HEALTHCARE PROFESSIONAL ATTESTATION**

By signing this form, I attest that I am a **Qualified Healthcare provider authorized under AS 14.30.142** and that I meet the ASAA definition of "Currently Trained" in the evaluation and management of concussion, as explained above. I do hereby take responsibility for the daily monitoring and decision making in managing this student athlete's concussion.

Healthcare Provider Signature \_\_\_\_\_

HCP Printed Name \_\_\_\_\_

AK License Number \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 4: ATHLETE AND PARENT CONSENT**

The **Return to Play Protocol** incorporates an internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Participation in athletics is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at more risk for another head injury with risk of permanent disability or death. By signing this form, the athlete and the parent indicate their understanding that the completion of the **Return to Play Protocol** is not a guarantee of safe return to athletic participation. The parent accepts the risk of additional injury in requesting and consenting to the athlete's return to athletic participation.

Student Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Athlete Printed Name \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

# GOLD LIFETIME PASS NOMINATION

ASAA has adopted a program under which those individuals who have made an extraordinary contribution to high school activities in Alaska and/or at the national level may be selected as recipients of an ASAA Gold Lifetime Pass.

## Program

- Qualifications: Significant service to high school students of Alaska through demonstrated leadership for at least twenty (20) years at the state and/or national level. Served as activities administrator, coach/director/advisor, official, community supporter, or committee member.
- Number: Up to eight (8) recipients may be selected each year, one from each region or association.
- Use of Passes: The Gold Lifetime Pass will be honored at all ASAA events, and will provide free entry for the recipient and one guest. Passes are not transferrable.
- Selection Process: Regions or associations will forward nominations to the Board of Directors which will make the final selection at the Spring BOD meetings.

Gold Passes issued by the Board in previous years will be honored for admission to state tournaments.

## NOMINEE CONTACT INFORMATION

**Nominee's last name**

**Nominee's first name**

**M.I.**

**Address**

**City**

**Zipcode**

**Day phone**

**Evening phone**

**Email**

## NOMINATOR'S CONTACT INFORMATION

**Printed name of person submitting nomination letter supporting qualifications of nominee**

**Address**

**City**

**Zipcode**

**Daytime phone**

**Email**

**Date of nomination**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to [office@asaa.org](mailto:office@asaa.org)

# GOLD LIFETIME PASS NOMINATION

continuation

Describe the nominee's significant service to high school students of Alaska through demonstrated leadership for at least twenty (20) years at the state and/or national level. Specify roles served (activities administrator, coach, director, advisor, official, community supporter, committee member), dates, exemplary performance and outcomes, etc. Use additional pages if necessary. Letters of support may also be included or forwarded.

## FOR OFFICE USE ONLY

Date received

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date reviewed by Board

\_\_\_\_/\_\_\_\_/\_\_\_\_

Board of Directors' decision

☐ APPROVED ☐ DISAPPROVED

Comments

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

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