



Arkansas Activities Association

Attach to this certificate a list of students eligible to participate during the current semester. Mail the completed certificate and list to ArkCDA, P. O. Box 2593, Harrison, AR 72602. **DO NOT SEND TO YOUR REGION CHAIR.**

Certificate of Eligibility for Non-Athletics

We certify that we are familiar with the rules governing the eligibility of students under the Constitution and Bylaws of this Association, that we have personally checked the list, and that the persons or organization named have complied in all respects with the requirements for eligibility under the rules and are entitled to represent this school in activities during the _____ semester of _____.

1st or 2nd Year

School Address

Sponsor or Director

Supertintendent or Principal

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