

# ARKANSAS ACTIVITIES ASSOCIATION

2900 Willow Street

North Little Rock, AR 72114-2233

Office: (501) 771-2205 Fax: (501) 771-1027

## 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 this 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 \_\_\_\_\_.  
(1<sup>st</sup> or 2<sup>nd</sup>) Year

Respectfully,

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sponsor or Director Signature

\_\_\_\_\_  
Superintendent or Principal Signature

Please attach this form to each list of names or application and forward to ArkCDA.

**DO NOT SEND TO ARKANSAS ACTIVITIES ASSOCIATION**