

NON-MEMBER SCHOOL PARTICIPATION FORM

This form is to be completed by school admin and emailed to office@asaa.org two weeks before the event

SCHOOL: _____

DISTRICT: _____

ADMINISTRATOR: _____

ACTIVITY: Please circle the activity

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

List all students that are participating in the event, indicating they are academically eligible and have completed the parent permission and play for keeps forms.

Student	Academic Eligible	Parent Permission	Play for

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.

 School Administrator Signature Date