

T.H.S.W.P.A.

Regional and State Meet Eligibility Form

Date _____

Name of School _____

School Address _____

City _____ Zip Code _____

Phone ____ (____) _____

I hereby certify that the following list of students are eligible according to the rules as stated in the U.I.L. constitution and contest rules.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Signature of Superintendent or Principal _____

Signature of Coach _____