

T.H.S.P.A. REGIONAL & STATE MEET

ELIGIBILITY FORM

Date _____

Name of School _____

Address _____

City _____ Zip Code _____

Phone (_____) _____

I HEREBY CERTIFY THAT THE FOLLOWING LISTED STUDENTS ARE ELIGIBLE ACCORDING TO THE RULES AS STATED IN THE UNIVERSITY INTERSCHOLASTIC LEAGUE CONSTITUTION AND CONTEST RULES:

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SUPERINTENDENT OR PRINCIPAL