To the Executive Board of the Atlantic Indoor Association,

This letter certifies that the following students attend the school listed below (or one of it's feeders).

Group Name: School District Combined Schools/ X High School Combined Schools
School District:
Number of Schools Associated with the group:
Schools Participating:
Type: Percussion/Guard/Winds

School Name:
Principal Name:
Contact Telephone:
Email:
Director or Instructor Name:
Email:
Program Coordinator/Other important contact:
Email:

I hereby certify that the students listed below are all students of **SCHOOL DISTRICT NAME** attending **SCHOOL NAME** and are approved by the school to participate as a member of the **COMBINED UNIT NAME** percussion/guard/winds unit.

List of Students:

Principal Signature: _____

Date: _____