

**ARKANSAS ACTIVITIES ASSOCIATION**

3920 Richards Road  
North Little Rock, AR 72117  
Office: (501) 955-2500 Fax: (501) 955-2600

**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 the activities during the 1st  
semester of 2025-2026. 1<sup>st</sup> or 2<sup>nd</sup>

Year

Respectfully,

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School \_\_\_\_\_ Address \_\_\_\_\_

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

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

**DO NOT SEND TO ARKANSAS ACTIVITIES ASSOCIATION**

**NOTE: This form must be uploaded as a PDF in  
Blue Panda by Wednesday, January 14.**