WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION
731 East 2nd Street
Casper, WY 82601-2620

MASTER ELIGIBILITY CERTIFICATE

KEEP ON FILE IN PRINCIPAL'S OFFICE

Date _____
School _____

This list is for_____
(Please designate the particular activity unless it is for all activities. Then say "All Activities.")

LIST NAMES ALPHABETICALLY BY GRADES

Name	Date of Birth	Grade	Date of Physical Exam	Proof of Immunization	No. of Fall Semesters in HS Previous to this Fall Semester	No. of Spring Semesters in HS Previous to this Spring Semester	No. of Solid Subjects Passed the Previous Semester

I hereby certify that the above information is correct according to the records maintained in the school office, and that each participant shall be currently passing in four or more academic subjects at the time of any interscholastic participation.

School _____ Principal _____