WHSPA
State Meet
Proof of Good Standing Form

PRESENT AT MEET REGISTRATION

Female Athletes	Wt. Class	Male Athletes	Wt. Class

NAME OF SCHOOL: _____ **SCHOOL ENROLLMENT #'S FOR CURRENT YEAR**_____

COACHES NAME _____ **CONTACT # FOR COACH ( ) _____**

COACHES EMAIL _____

ADMINISTRATOR'S SIGNATURE _____**TITLE**_____