

EVENTS OF THE HEART AFFIDAVIT

Date _____

I, _____, affirm that
(Print) Administrator's Name

_____ meets the following guidelines in:
(Print) Student's Name

Event Name and Number

Events of the Heart Student Convention Guidelines

Contestant must be mentally or physically challenged to the extent the student is incapable of entering any regular competition.

(Administrator's Signature)

School Name

School Account Number