



**REGISTRATION FEES (\$25.00 PER PERSON)**

<b>Total number of delegates attending (INCLUDING ADVISERS)</b>		<b>Total amount due to WHSAA</b>
	<b>X \$25.00</b>	

I hereby certify that the above listed students are eligible and able to attend this WHSAA sanctioned event.

\_\_\_\_\_  
**Adviser Signature**

\_\_\_\_\_  
**Principal/Activity Director Signature**