



## SENIOR ALL-STAR CONTEST CRITERIA AFFIRMATION

The New York State Public High School Athletic Association Criteria for conducting a **Senior All-Star Contest** have been reviewed and will be adhered to with respect to the Senior All-Star Contest that has been requested on the attached application.

School: \_\_\_\_\_

Superintendent: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_