



**TEXAS HIGH SCHOOL POWERLIFTING ASSOCIATION
REGIONAL AND STATE MEET ELIGIBILITY FORM**

DATE _____

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ ZIP CODE _____

SCHOOL PHONE (____) _____

I hereby certify that the following listed students are eligible according to the rules as stated in the UIL (University Scholastic League) Constitution and Contest Rules:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____

SUPERINTENDENT OR PRINCIPAL

