



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.

7007 N 18<sup>th</sup> Street, Phoenix, Arizona 85020-5552

Phone: (602) 385-3810

## REQUEST FOR LIFETIME PASS

**PURPOSE OF FORM:** This form is to be used by those school/athletic administrators, coaches, officials, athletic trainers and spirit line sponsors who have met the 25 years of service criteria. (See Article 14, Section 11)

**NOTE:** This form must be received in the AIA Office no later than eleven (11) days prior to an AIA Executive Board meeting date. If approved, notice of approval will appear in the official minutes of the AIA Executive Board Meeting.

Request submitted by:

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Date Submitted)

\_\_\_\_\_  
(Signature of School Principal)

\_\_\_\_\_  
(Telephone)

NAME OF LIFETIME PASS APPLICANT: \_\_\_\_\_

### 25 YEARS OF SERVICE

Athletic Administrator \_\_\_\_\_

Coach \_\_\_\_\_

Official \_\_\_\_\_

Athletic Trainer \_\_\_\_\_

Spiritline Sponsor \_\_\_\_\_

### NUMBER OF YEARS OF APPLICABLE SERVICE

Administrator / Coach / Athletic Trainer / Spiritline Sponsor Experience

<u>AIA School</u>	<u>Position Held</u>		<u>Dates</u>	
			<u>Mo./Yr.</u>	<u>Mo./Yr.</u>
_____	_____	From	_____	To _____
_____	_____	From	_____	To _____
_____	_____	From	_____	To _____

Officiating Experience

<u>AIA Sport</u>		<u>Dates</u>	
		<u>Mo./Yr.</u>	<u>Mo./Yr.</u>
_____	From	_____	To _____
_____	From	_____	To _____
_____	From	_____	To _____

**NOTE:** if additional space is needed, use blank paper and attach to this form.

Upon approval by the AIA Executive Board, please mail a Lifetime Pass to the recipient at the following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip