



**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 challenged to the extent the student is incapable of entering any regular competition.

\_\_\_\_\_  
(Administrator's Signature)

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Account Number