NEW YORK STATE
PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
SENIOR ALL-STAR CONTEST
Application

PLEASE NOTE: PARTICIPANTS MAY ONLY BE THOSE SENIORS WHO ARE NO LONGER INVOLVED IN SECTIONALS,
REGIONALS OR STATE COMPETITION. ATHLETES PARTICIPATING IN THIS CONTEST ARE NO LONGER ELIGIBLE IN
THIS SPORT.

Sport or Activity ______________________________________________________________________________

1. Name of Contest ____________________________________________________ Date _______________

2. Site of Contest ______________________________________________________

3. Co-sponsoring school, league or section __________________________________
(for events sponsored with any outside organization, college or university)

4. School personnel responsible for contest supervision: Name _____________________________
   Address ____________________________ Zip ________ Phone ________________

5. School personnel responsible for screening and selection of contestants: ________________________

6. School personnel responsible for screening and selection of coaches: _____________________________

7. Net profit to be donated to the following charitable or educational programs: ______________________

8. Contestants will be insured by: ________________________________________________________
   Own School Own School
   ________________________________________________________ Other (list)________
   Liability insurance supplied by sponsor: _____ Section ______ Other (list)*_________________________
   *Attach certificate of insurance

9. Signature of host Athletic Administrator (if applicable): ____________________________

10. Uniforms are to be supplied by: ______________________________________________________

11. Official’s organization to assign contest officials: _________________________________________

12. Within two weeks of completion of the contest, all of the following must be mailed to
   Secretary/Treasurer of the Section sanctioning the contest:
   1. Complete roster of participants
   2. Complete financial report
   3. Injury report
   4. Complete awards report

Completed application presented and approved by Section _______________________

Date ____________________________ Section Executive Director _________________________________

NOTE: A list of Sr. All-Star Contests approved by the Section must be emailed for recording to:
   Robert Zayas, Executive Director (rzayas@nysphsaa.org)
   New York State Public High School Athletic Association, Inc.

(Revised July 2016)