

KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

# Certificate of Recognition

*For Notable Participation*

*This certifies that \_\_\_\_\_ was a*

*representative of \_\_\_\_\_*

*and participated in the Kansas State High School Activities Association*

\_\_\_\_\_.

*In testimony whereof, we have attached our signatures this*

*\_\_\_\_\_ day of \_\_\_\_\_ the year \_\_\_\_\_.*



*Bill Faflick*  
KSHSAA Executive Director

\_\_\_\_\_

\_\_\_\_\_

Principal

\_\_\_\_\_

Coach, Sponsor, or Director