

**Coaches Education Program
Administered by the Arkansas Activities Association**

**REQUEST FOR ARKANSAS ACTIVITIES ASSOCIATION
STATE RULES TEST
As authorized by the AAA Board of Directors**

An individual who:

- 1. Completes the *Coaching Fundamentals* course online, or
 - 2. Is granted a waiver for *Coaching Fundamentals* based on the college transcript,
- is required to successfully complete the AAA State Rules Test with a minimum score of 80%. This will be ordered through the AAA office and **will require a \$25 administrative fee.**

Send the AAA State Rules Test to: (Please print)

Name (First Name, Middle Initial, Last Name)	SSN (MANDATORY)	Sport/Activity
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Home Mailing Address	City	State	Zip
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Telephone Number with Area Code	Fax number with Area Code	Email Address
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I would like the AAA State Rules Test _____ mailed OR _____ faxed to the address or fax number given above.

IMPORTANT: I understand that I must successfully complete the AAA State Rules Test as one of the coaches education requirements.

The testing fee is \$25.00. A minimum score of 80% shall be considered passing for the state rules test. A retest is permitted if a passing score is not achieved.

Upon completion of the AAA State Rules Test, the answer sheet must be submitted to the Arkansas Activities Association at the address below. You will be notified of your passing test score or that a retest is required. **A \$10 fee is required for retesting.**

I hereby request that the AAA State Rules Test be sent to me.

Signature _____ Date _____

**Mail request form and check to: AAA State Rules Test
3920 Richards Road
North Little Rock, AR 72117**

PAYMENT OPTIONS

(PURCHASE ORDERS ARE NOT ACCEPTED)

Please choose one of the following payment options. The \$25 fee must accompany this request.

- CASH
- CHECK
- CREDIT CARD
- MONEY ORDER

Credit Card Payment Information	
If paying by credit card, application may be faxed to 501-955-2600 or 501-955-2521	
_____ Visa	_____ MasterCard
_____ Discover	_____ American Express
Cardholder Name _____	Exp. Date _____
Card Number _____	Amount _____
Cardholder Signature _____	