



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

(This is a FILLABLE form. Please type in information and submit)

An individual who:

Completes the *Coaching Fundamentals* course online 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 testing fee.**

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

Name _____ SSN _____ Sport/Activity _____

Home Address _____

City _____ State _____ Zip _____

PHONE: Home _____ Work _____

OTHER: Fax _____ Email _____

I would like the AAA State Rules Test _____ Mailed _____ Faxed _____ Emailed _____

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, email or fax request form and
payment 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.

Credit Card Payment Information

If paying by credit card, application may be faxed to 501-955-2600 or 501-955-2521

_____ CASH _____ CHECK _____ CREDIT CARD _____ MONEY ORDER

CREDIT CARD PAYMENT INFORMATION

_____ Visa _____ Master Card _____ Discover _____ American Express

Cardholder Name _____ Exp. Date _____

Card Number _____ Amount _____

Daytime Phone _____

Cardholder
Signature _____