



## **REQUEST FOR NMAA SANCTIONING OF SPIRIT COMPETITION**

### *Process, Guidelines, and General Information*

The attached form is to be used to request a sanction for a qualifying spirit competition being held in or outside of the state of New Mexico. The form must be **received** in the NMAA office prior to Monday of Week #17 to be considered for approval.

To be considered for sanctioning, a competition must meet the following requirements:

- The competition must be held during the spirit competition season defined in the NMAA Bylaws
- Only NFHS member high schools may be invited and permitted to participate in the competition
- A minimum of four (4) NFHS member school varsity squads must attend
- A minimum of one (1) NMOA certified tech judge must be hired
  - *(comparable certifications may be considered)*
- A minimum of three (3) NMOA certified performance judges must be hired
  - *(comparable certifications may be considered)*
- Appropriate warm-up and performance areas must be provided and inspected by an AACCA certified coach

The official host of the competition will be the entity who holds the proof of insurance/certificate of liability for the event.

Competition hosts that are not NFHS member schools are required to complete an NMAA Sanctioned Competition Financial Disclosure form (found on the NMAA website) and must agree to submit \$2.50 per New Mexico competition participant to the NMAA.

If you have any questions regarding these requirements or the process of requesting sanctioning, please contact the NMAA office at 505-923-3265.



NEW MEXICO ACTIVITIES ASSOCIATION  
6600 Palomas Avenue NE, Albuquerque, New Mexico 87109  
Phone: (505) 923-3110 Fax: (505) 923-3114

### **REQUEST FOR NMAA SANCTIONING OF SPIRIT COMPETITION**

This form is to be used only to request a sanction for a qualifying spirit competition. The form must be **received** in the NMAA office prior to Monday of Week #17 to be considered for approval.

**NOTE:** Use a separate form for each competition.

**DATE RECEIVED IN THE NMAA OFFICE:** \_\_\_\_\_

**RCVD BY:** \_\_\_\_\_

Host school/company: \_\_\_\_\_

Certificate of liability held by: \_\_\_\_\_

School/venue address: \_\_\_\_\_

Phone: \_\_\_\_\_

Competition coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

We hereby apply for sanction of the following competition:

<u>Month/Day/Year</u>	<u>Competition Name</u>	<u>Competition Site</u>
_____	_____	_____

Competition will include:  Cheer  Dance/Drill

We wish to invite the following NMAA member schools:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Maximum value of awards, if any: \_\_\_\_\_ Entry fees, if any: \_\_\_\_\_

Admission fees, if any: \_\_\_\_\_  
Adult Student/Senior

We will secure the following NMOA certified judges/officials:  
*Judges holding comparable certifications may be considered by completing the appropriate form (see next page ).*

<b>Performance (<i>minimum of three</i>)</b>	<b>City and State of residence</b>	<b>NMOA cert.</b>
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>

<b>Technical (<i>minimum of two</i>)</b>	<b>City and State of residence</b>	
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>

By initialing below, I certify the following:

- \_\_\_\_\_ We, the host school/company, will provide a warm-up area equipped with mats or another approved performance surface and appropriate for stunting per NFHS Spirit Rules
- \_\_\_\_\_ We, the host school/company, will provide a performance area equipped with mats or another approved performance surface and appropriate for stunting per NFHS Spirit Rules.
- \_\_\_\_\_ We, the host school/company, have had our warm-up area and performance area inspected by an AACCA certified coach who has verified both locations are appropriate for cheer and/or dance/drill competition.
- \_\_\_\_\_ We, the host school/company, will only invite and allow participation by NFHS member schools at this competition.

Request submitted by: \_\_\_\_\_ / \_\_\_\_\_  
Administrator Name Title

\_\_\_\_\_  
Signature

**APPROVAL OF STATE ASSOCIATION**

**Hosted by:**  
**SCHOOL**  **BUSINESS**   
**APPROVE**  **DO NOT APPROVE**

NMAA Executive and/or Associate Director \_\_\_\_\_ Date \_\_\_\_\_

Reason(s) for denial, if not approved: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REQUEST FOR APPROVAL OF NON-NMOA CERTIFIED JUDGES/OFFICIALS

All competition judges/officials must be approved by the NMAA to complete the sanctioning process. Judges/officials may register with the NMOA, or request approval based on comparable certification.

The requirements of a NMOA certified judge/official are as follows:

### PERFORMANCE

- Must be at least 21 years of age
- Minimum experience (coach, participant, judge, etc.): **3 years**
- Must complete online AACCA Spirit Safety Course
- Must pass current year's Spirit Rules test with a **70%** or better by October 15 of same year
- Must attend 1 Spirit Officials Clinic every 2 years (Separate clinics will be held for performance and technical officials. An individual wanting to remain registered in both areas would need to attend one of each clinic every 2 years)

### TECHNICAL

- Must be at least 21 years of age
- Minimum experience (coach, participant, judge, etc.): **5 years**
- Must complete online AACCA Spirit Safety Course
- Must pass current year's Spirit Rules test with an **85%** or better by October 15 of same year
- Must attend 1 Spirit Officials Clinic every 2 years (Separate clinics will be held for performance and technical officials. An individual wanting to remain registered in both areas would need to attend one of each clinic every 2 years)

Please list all judges below and complete the attached form for each judge/official who is NOT certified with the NMOA. Incomplete forms will not be considered.

<u>Performance</u>	<u>NMOA</u>	<u>Other</u>	<u>approved/confirmed</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Technical</u>	<u>NMOA</u>	<u>Other</u>	<u>approved/confirmed</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NON-NMOA CERTIFIED JUDGE/OFFICIAL:**

**Competition:** \_\_\_\_\_

Name: \_\_\_\_\_

Performance  Technical

City and State of residence: \_\_\_\_\_

DOB: \_\_\_\_\_

Is judge/official certified through another state association? YES NO

If yes, which association? \_\_\_\_\_ Phone: \_\_\_\_\_

*No other verification is required of individuals certified through another NFHS state association.  
Proceed to signature box.*

Years of experience: \_\_\_\_\_

coach  participant  judge/official  other

AACCAA Spirit Safety Course completed:  Date of Completion: \_\_\_\_\_

**OR**

Comparable Course Title: \_\_\_\_\_

Administered by: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

NFHS Spirit Rules Test grade: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**OR**

Comparable Exam Title: \_\_\_\_\_

Administered by: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

NMOA Spirit Officials Clinic Attended:  Date and Location: \_\_\_\_\_

**OR**

Comparable Clinic Title: \_\_\_\_\_

Administered by: \_\_\_\_\_ Date and Location: \_\_\_\_\_

By signing below, I confirm that the above information has been completed accurately and honestly.

Request submitted by: \_\_\_\_\_  
Administrator/Judge/Official Name

\_\_\_\_\_  
Signature

**APPROVAL OF STATE ASSOCIATION**

**APPROVE**

**DO NOT APPROVE**

NMAA Executive and/or Associate Director \_\_\_\_\_ Date \_\_\_\_\_

Reason(s) for denial, if not approved: \_\_\_\_\_