

GEORGIA HIGH SCHOOL ASSOCIATION

P.O. Box 271, Thomaston, GA 30286

APPLICATION FOR REGISTRATION FOR OFFICIATING

To be accompanied by registration fee and submitted to the GHSA by Association Secretary

Print or Type

Name _____ **Social Security Number** _____ - _____ - _____
(First, Middle, Last)

Mailing Address _____
(Street or P.O. Box) (City) (Zip Code)

Business Phone (_____) _____ - _____ **Home Phone**(_____) _____ - _____ **Age** _____
Ext.

Education: (circle one) High School Graduate GED College Graduate

Occupation _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If "Yes", give full particulars including the offense, date, and place of conviction. _____

OFFICIATING EXPERIENCE

Sport of Registration **FOOTBALL**

Number of years officiating above sport: _____ High School _____ College _____

Do you have prior officiating experience with the GHSA? Yes No

If "Yes", what sport? _____ What association? _____ What year? _____

Do you have prior officiating experience in another state? Yes No

If "Yes", what state? _____ What sport(s) _____ How long? _____

(Note: It is the responsibility of the official to contact the former state high school association to have records sent to the GHSA. Records needed per sport are: years experience, last year's clinic attendance, games worked, exam scores, and current rating.)

REFERENCES

Give names and addresses of three individuals who know your character and ability as an official.

Name	Address	Position

I enclose fee of \$28.00 for registration as an official in the sport indicated.

I hereby certify that I have an accurate working knowledge of the rules of the sport in which I desire registration.

I am in hearty accord with the policy of the Georgia High School Association to promote clean and wholesome amateur sports in the high schools of Georgia and I will cooperate with the officers of the Association at all times to this end. In requesting this application, I hereby agree to abide by and support the policies of the Georgia High School Association.

I agree to attend clinics and/or Rules Interpretation meetings according to the policy set by the Georgia High School Association.

Signature _____