

INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION  
9150 N. Meridian St., P.O. Box 40650  
Indianapolis, IN 46240-0650

**PROBATIONARY \_\_\_\_\_ OFFICIALS PROGRAM**  
(Sport)

DATE \_\_\_\_\_

**POST-SEASON REPORT**

This form must be completed by the applicant's association secretary and sport chairperson, and returned to the IHSAA office **at the completion of the sport season.**

Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

Applicant completed the following successfully:

- \_\_\_\_ Attended all scheduled association meetings
- \_\_\_\_ Attended IHSAA mandatory rules interpretation meeting
- \_\_\_\_ Attended IHSAA practical clinic (if offered this year)
- \_\_\_\_ Worked lower level contests with veteran officials
- \_\_\_\_ Part 1 or 2 of examination (post-season - supervised)

\_\_\_\_ Recommended for licensing by:

Association \_\_\_\_\_

Signed by: Secretary \_\_\_\_\_

Sport Chairperson \_\_\_\_\_

NOTE: Upon recommendation of the association, the applicant becomes eligible for licensing in this sport for the next sport season and will receive notification from the IHSAA office.

TW:jm