

FOOTBALL OFFICIALS TOURNAMENT APPLICATION
COMPLETE BOTH SIDES

To IHSAA Licensed Official:

1. Criteria Used for Tournament Assignments

- a. A minimum of 4 varsity contests worked
- b. Pre-tournament vote
- c. Score of 90% on Part II -- football exam
- d. Attendance at IHSAA Rules Meetings/Clinics is mandatory
- e. Membership in an officials association is mandatory
- f. Experience
- g. Application received in IHSAA office by **September 1, 2009**
- h. All members of a crew must be certified to be considered for advancement.

2. Dates of Tournaments

Sectionals: October 23, 30; November 6, 2009

Regionals: November 13, 2009

Semi-States: November 20, 2009

State (A, 2A): November 27, 2009

State (3A, 4A, 5A): November 28, 2009

3. What sites should you not be assigned due to a conflict of interest (i.e. You live in or graduated from a certain school district, a family member works for or attends a certain school, etc.):

Name _____ Off. Reg. # _____

Address _____ City _____ Zip _____

Phone: H () _____ W () _____ C () _____

E-Mail _____

Occupation _____

High School Attended _____ State _____

High School District In Which You Presently Reside _____

Registered _____ Certified _____ Total Years Licensed in Football _____

Years of Officiating IHSAA Sectional _____ Regional _____ Semi-State _____ State _____

Attended 2009 IHSAA Football Rules Interpretation Meeting at:

Online _____ Site _____

Current member of which Officials Association _____

Signature _____ Date _____

Your application to officiate one or more IHSAA Football Tournays will be filed for the consideration of the Executive Committee upon receipt of this card carefully filled out and signed. This application card must be received in the IHSAA Office, 9150 N. Meridian St., P.O. Box 40650, Indianapolis, Indiana 46240, on or before **September 1, 2009**

FOOTBALL CONTESTS CONTRACTED FOR 2009-10

LIST VARSITY CONTESTS ONLY

*(Do Not List J.V. or College Contests)
It is expected you will work all contests contracted*

| Total No. Games | Contest Date | Home | Visitor | Name |
|-----------------|--------------|------|---------|------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |

FOR REFEREES OF CREWS ONLY

Referee: _____
 Umpire: _____
 Linesman: _____
 Line Judge: _____
 Back Judge: _____

**OFFICIALS WILL BE ASSIGNED BY CREWS
 ALL REFEREES ARE CONSIDERED CREW CHIEFS**