



IHSAA RECOGNIZED OFFICIAL'S ASSIGNER REGISTRATION

Please Type or Print Clearly

Name _____ IHSAA ID# _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Business Number _____

Cell Number _____ Fax Number _____

E-Mail Address _____

I HAVE BEEN A LICENSED IHSAA OFFICIAL: YES ___ NO ___

Years Licensed: _____ through _____ Sport(s) Licensed: _____

Arbiter Group Number _____ Arbiter Group Name _____

I AM THE ASSIGNER FOR (attach sheet for additional listings):

SCHOOL/CONFERENCE NAME	SPORT(S)

I AM AN INDEPENDENT ASSIGNER: (unconnected to a local assoc.) YES ___ NO ___

SPORTS FOR WHICH I ASSIGN:

Baseball _____ Gymnastics _____ Swimming _____ Wrestling _____
Basketball _____ Soccer _____ Track/CC _____
Football..... _____ Softball..... _____ Volleyball..... _____

MY FEE FOR ASSIGNING:

School: \$ _____ Conference: \$ _____ Official: \$ _____ Other: \$ _____

ASSIGNER VERIFICATION

Candidate Name: _____

I affirm that the statements contained on this form are true and complete. I agree to comply with all applicable federal, state and local laws and ordinances and all IHSAA Articles, By-laws, Rules, Policies and purposes, including the rules and regulations for IHSAA Officials and the requirements for recognition as an IHSAA Official's Assigner, including the requirement to annually register as an assigner and attend the annual assigner in-service meeting.

Signature: _____ Date: _____