

REGISTRATION FOR OFFICIALS' PRACTICAL CLINIC

SPORT _____ **Date of Application** _____
(Pre-registration is Required)

Your registration for the certification clinic will be processed by the IHSAA. You will receive no further communication from this office. Report to your selected clinic site on the date scheduled. **Return this form so that it reaches the IHSAA two weeks before the first clinic in your sport. There will be no on-site registration.**

Name _____

Address _____

City _____ County _____ Zip _____

IHSAA Officials Registration Number _____ E-Mail _____

Home Phone () _____ Business Phone () _____

Registered _____ Certified _____ Professional _____

Total Years Licensed in this sport _____

Years of Officiating IHSAA Tournament in this sport _____

Current Member of _____ Officials
Association/IHSAA approved

Selected Clinic Site _____

Date _____ **Check the time and day for chosen clinic.**

I am applying for certification _____

I am NOT applying for certification _____

NOTE: A token fee of \$2.00 will be assessed all participants. This fee will pay for an early morning snack (coffee, rolls, juice, fruit, etc.).

Please pay \$2.00 fee **at clinic site – do not send with registration form.**

Return form **IMMEDIATELY** to:
Indiana High School Athletic Association
P.O. Box 40650
Indianapolis, IN 46240-0650
Attention: Theresia D. Wynns, Assistant Commissioner

Or fax to 317/575-4244 or email as an attachment to jmeyer@ihsaa.org