

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

2008-09 PROBATIONARY _____ OFFICIALS PROGRAM
(Sport)

POST-SEASON REPORT

This form must be completed by the applicant, association secretary and sport chairman, 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 Chairman _____

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