

INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION

PROFESSIONAL OFFICIAL CLASSIFICATION REQUEST

The _____ Officials Association is pleased to submit the name listed below to be recognized by the Indiana High School Athletic Association and its member schools as one who has achieved the rating of Professional Official in the sport of _____.

OFFICIAL'S NAME _____ SPORT _____

The requirements for achieving this classification are listed below.

Use the line before the category to list the date(s) the requirement was met

- _____ 1. A certified official;
- _____ 2. Assigned to work 3 or more tournaments in that IHSAA sport;
- _____ 3. Is an active, participating member in one of the 25 IHSAA recognized officials associations;
- 4. To be recommended, the official must meet **three** of the following guidelines:
 - _____ a. Be an officer in the association;
 - _____ b. IHSAA-approved rules interpreter;
 - _____ c. IHSAA-approved clinician;
 - _____ d. Be a sports chairperson and conduct association meetings in that sport;
 - _____ e. Regularly and actively mentor younger or new officials;
 - _____ f. Regularly and consistently attend meetings in the sport;
- _____ 5. Be recommended for advancement to this classification by the local association.

This officials has exhibited positive leadership through outstanding contribution and unselfish service to our local officials association and the IHSAA and has met all the guidelines for this rating as stipulated by the Indiana High School Athletic Association.

As a part of the leadership team of this association, we do hereby, attest to the above information and highly recommend this individual for this advancement in classification.

Signature of Secretary

Signature of President

The official attests to continuing to be involved in the local association. The official further agrees that the **PROFESSIONAL INSIGNIA** will be worn in the sport in which it has been earned.

Signature of Recommended Official