



## Official's Application Form

*Please print*

<b>Name</b>	
<b>University/College/ Military Institution</b>	
<b>School Mailing Address</b> <small>(include street, city, state)</small>	
<b>Cell Phone Number</b>	
<b>School E-mail Address</b>	
<b>Shirt Size (circle one)</b>	<input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> X-LARGE <input type="checkbox"/> 2X-LARGE

OFFICIATING EXPERIENCE (NUMBER OF YEARS)	TOURNAMENT OFFICIATING EXPERIENCE (NUMBER OF TOURNAMENTS)
Recreation/Intramural _____	NIRSA/NCCS Regionals _____
Junior High/Middle School _____	NIRSA/NCCS Nationals _____
High School _____	State Tournaments _____
Junior College _____	Other: _____
College/University _____	
Other: _____	

Have you ever officiated in a 3-person mechanics system? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, how many years? \_\_\_\_\_ years

Does your school utilize NFHS rules? \_\_\_\_\_ Yes    \_\_\_\_\_ No

\_\_\_\_\_  
Official's Signature



\_\_\_\_\_  
Official's Name (please print)

\*\*\*\*\* **To be completed by Institution's Intramural Director** \*\*\*\*\*

By signing below, I verify that the above listed student meets all eligibility guidelines set forth by the State of Wisconsin Extramural Tournament.

\_\_\_\_\_  
Intramural Director Signature



\_\_\_\_\_  
Intramural Director's Name (please print)

Return this form via mail or fax by NOON on Friday, February 23, 2018 to:

James Friel  
University of Wisconsin - Whitewater  
100 Williams Center  
800 W Main St  
Whitewater, WI 53190  
Fax: (262) 472-1875