



## 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

<p><b>OFFICIATING EXPERIENCE (NUMBER OF YEARS)</b></p> <hr/> <p>Recreation/Intramural _____</p> <p>Junior High/Middle School _____</p> <p>High School _____</p> <p>Junior College _____</p> <p>College/University _____</p> <p>Other: _____</p>	<p><b>TOURNAMENT OFFICIATING EXPERIENCE (NUMBER OF TOURNAMENTS)</b></p> <hr/> <p>NIRSA/NCCS Regionals _____</p> <p>NIRSA/NCCS Nationals _____</p> <p>State Tournaments _____</p> <p>Other: _____</p>
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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) _____
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\*\*\*\*\* **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) _____
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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