Form G

SPORT: **Football** _____
Basketball _____
Volleyball _____
Baseball _____
Softball _____

APPLICATION FOR OFFICIATING IN DAC

1. NAME: _____
(Last Name) (First Name) (Social Security Number)

2. HOME ADDRESS: _____
(No. & Street) (City) (State) (Zip)

3. EMPLOYER: _____ POSITION: _____

4. TELEPHONE: (Home) _____ (Work) _____ (Cell Phone) _____

5. E-MAIL ADDRESS: _____ FAX _____

6. DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

7. COLLEGE ATTENDED: _____

8. OFFICIATING CAMPS ATTENDED: _____

_____

9. MEMBERSHIP IN OFFICIALS ASSOCIATION OR OTHER CONFERENCE STAFFS: _____

_____

10. OFFICIATING BACKGROUND: (Include number of years worked; average number of games each of last three years broken down as to high school and college assignments.) _____

_____

_____

11. REFERENCES: (List two references for officiating ability.)

(a) _____
(Name) (Address) (City-State-Zip)

(b) _____
(Name) (Address) (City-State-Zip)

This is an information sheet only for the use of the Dakota Athletic Conference.

_____ _____
(Date) (Signature)

RETURN TO:

Jeff Risk, Supervisor
DAC Basketball Officials
(BASKETBALL)

Al Doctkter, Supervisor
DAC Foottball Officials
(FOOTBALL)

Sheryl Solberg, Supervisor
DAC Volleyball Officials
(VOLLEYBALL)