



INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION  
 9150 N. Meridian St., PO Box 40650, Indianapolis, IN 46240-0650  
 Phone: 317-846-6601



## OFFICIALS LICENSE RENEWAL 2005-06

Complete and return this form to the IHSAA by May 31, 2005 to avoid penalty. In a continuing effort to insure correct information on our officials, please provide us with all information requested below:

### PERSONAL INFORMATION

Name:  
 Address:  
 City/State/Zip:  
 County:  
 Home Phone:  
 Work Phone:  
 Cell Phone:  
 Directory Phone Preference (Home, Work or Cell):  
 Pager:  
 Fax:  
 E-mail:  
 Social Security Number:  
 Occupation (optional):  
 Date of Birth:  
 Gender (optional):  
 High School from which you graduated:  
 Ethnicity (optional):  
 Association:

### CURRENT LICENSE

Please indicate with an "R" for Registered, "C" for Certified, or "P" for Professional next to any sport below as it pertains to your license. Please specify with an "A" for Active or "I" for Inactive by each sport. Inactive means you will not be able to work in that sport.

Baseball	Basketball
Football	Gymnastics
Soccer	Softball
Swimming	Track & Field
Volleyball	Wrestling

### CERTIFICATION

If you have been licensed for at least 2 years in football, volleyball, wrestling, gymnastics or baseball and wish to be certified or retain certification in these sports, please check the box(es) below (See Officials Handbook for explanation of classification).

Volleyball    Football    Gymnastics    Wrestling    Baseball

PLEASE CONTINUE ON BACK

