

APPLICATION FOR MEMBERSHIP IN DISTRICT 11
FOOTBALL OFFICIALS ASSOCIATION

DATE: _____

NAME: _____

STREET: _____

CITY: _____

ZIP: _____

SSN: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PAGER: _____

SPOUSE: _____

E-MAIL ADDRESS: _____

BOOKING FEE: \$50.00 PD.: _____

CHECK THE BLANKS SIGNIFYING ACCEPTANCE OF THE FOLLOWING TERMS FOR APPLICATION.

_____ AS A DISTRICT 11 FOOTBALL OFFICIAL, I WILL NOT OFFICIATE ANY HIGH SCHOOL OR JR. HIGH GAME WITHOUT BEING ASSIGNED TO IT BY THE STATE BOOKING OFFICE OR THE DISTRICT BOOKING OFFICE UNLESS AS AN APPROVED SUBSTITUTE.

_____ IF, AFTER ACCEPTANCE TO OFFICIATE A GAME, I FAIL TO SHOW UP WITHOUT CONTACTING THE DISTRICT 11 BOOKING OFFICE, I UNDERSTAND THAT I AM OBLIGATED TO PAY TO DISTRICT 11 THE GAME FEE. MULTIPLE OCCURRENCES OF THIS TYPE WILL RESULT IN SUSPENSION FROM DISTRICT 11 FOOTBALL OFFICIALS ASSOCIATION.

_____ I AGREE TO UPHOLD AND OBSERVE THE CONSTITUTION, BY-LAWS AND BOOKING REGULATIONS OF THE SOUTH CAROLINA FOOTBALL OFFICIALS ASSOCIATION.

FILL OUT THIS FORM AND RETURN IT TO THE DISTRICT DIRECTOR.

SIGNATURE: _____