ARMED FORCES OFFICIATING APPLICATION

	ed or are currently serving in the Armed Forces	Check sports in which you wish to	o be licelised.
and are licensing for the first til	me or are renewing for their second year.	BASEBALL	
		BASKETBALL	
IHSAA SPORT OFFICIATING LICENSE APPLICATION		FOOTBALL	
Iowa High Sch	nool Athletic Association	SOCCER	
PO Box 10		SWIMMING	
Boone, IA 50036		TRACK & FIELD	
		WRESTLING	
* * Email Address (Required) Have you ever been charged with a felo Yes No APPLICANTS - Please print or type NAM	* ** **Last 4 digits SSN (required) Iny or any type of assault:	No licensing fees will be c for the first two year Mail this form to the address k with some type of documentati military service.	oelow along
		Iowa High School Athletic A	ssociation
		Iowa High School Athletic A PO Box 10	ssociation
lowa County in which you Live:		PO Box 10	
lowa County in which you Live:			
I hereby certify that I have a possess the ability to interpret a desire to give back to othe working knowledge of the rule an official. I shall uphold the coaches, athletic directors, school registered as an independent coache the IHSAA. By Submitting and	thorough understanding of the activity(s and apply the game rules. I have an enj ers who are involved in these activities. I es and officiating mechanics of the sport, honor and dignity of the profession in al bol administrators, colleagues, and the p ontractor with the IHSAA and it's member signing this application, I agree to review well as follow the IHSAA policies and pro-	PO Box 10 Boone, IA 50036 515-432-2011 To which I desire to officion oyment for high school action will strive to have an accurate will strive to have an accurate in which I desire to be lied interaction with student-cublic. I clearly understand the schools and not as an emony the IHSAA Officials' Code	iate and ivities and ate and censed as athletes, that: I am apployee of of Ethics