

**NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION
APPLICATION TO PARTICIPATE AS A CANDIDATE
for the NISOA NATIONAL REFEREE PROGRAM**

RETURN THIS FORM COMPLETED with attachments

With APPLICATION FEE BY MARCH 1, 2008, (late fee applicable [\$30.00] if postmarked thereafter

TO:
Regional Area Coordinator

Full Name: _____

Address: _____

City, ST, ZIP: _____

Phone: Res.: _____ Bus.: _____ Cell.: _____ FAX: _____

E-mail: _____

Date of Birth: _____ NISOA Region: _____ Chapter: _____

I. The following information must be submitted by:

APPLICANT (check below)

- Complete a satisfactory Medical exam (attach copy).
- Forward a \$150.00 application fee, payable to "NISOA" (attach).
(late fee applicable [\$30.00] if postmarked after March 1, 2008)
- Agree to abide by NISOA's Code of Ethics.
- Two letters of Recommendation (attach).
- Date of NISOA membership _____
- Verification of two (2) NISOA Assessments (attach copies).
- Verification of passing the NISOA Fitness Test as administered by an authorized Examiner (attach copy).
- Verification of having officiated 20 intercollegiate games as a Referee (complete and attached).

II. Forward all to:

REGIONAL AREA COORDINATOR, who will

- Verified current membership fees paid**
- Sign below that all is in order and that Applicant meets all established NRP criteria**

Region Area Coordinator Signature

Date

III. RAC to forward all to Grier Cooper, 1349 East Myrtle Avenue, Phoenix, AZ 85020

FOR ADMINISTRATION USE ONLY:

Received by: _____

Payment amount: _____

Date: _____

Check number: _____