

AAU OFFICIALS APPLICATION



Name: _____ DOB: _____ M/F _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: (H) _____ (C) _____ Email _____

Refereeing Objective: _____

WOMEN'S GAME EXPERIENCE			
DIVISION	# OF GAMES OFFICIATED	DIVISION	# OF GAMES OFFICIATED
NCAA DIV. I		NAIA	
NCAA DIV. II		NJCAA	
NCAA DIV. III		HIGH SCHOOL	

Women's College leagues you worked this past season: _____

Availability: Are you able to work in the summer during the months

of June, July and August?

YES

NO

Are you available to work seven days in succession?

YES

NO

Are you available on short notice?

YES

NO

References: At least one college coach and your college supervision are preferred. It is your responsibility to have letters of recommendation sent to the Commissioner.

1. _____

2. _____

3. _____

Comments: _____

Return complete application to: Nan Sisk, P.O. Box 308, Homer, GA 30547 / Fax: 706.677.3705