



Wisconsin Intercollegiate Athletic Conference

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Registration for Prospective Volleyball Officials

Name: _____
Last Name First Name Middle Initial

Address: _____
Home Address City State Zip

_____ Business Address City State Zip

Telephone: _____
Home Business Cell

E-Mail: _____ Fax: _____

Employer: _____ Position: _____

College Attd: _____ Year of Graduation: _____

Volleyball Officiating Background					
<i>High School</i>			<i>College</i>		
Conferences	#Years Officiating	#Assignments/Year	Conferences	# Years Officiating	#Assignments/Year

Please attach your current or most recent schedule of games.

USAV Rating: _____ USAV Region: _____

PAVO Rating: _____ PAVO Board: _____

Have you attended any collegiate volleyball officiating camps? _____ Yes _____ No

If yes, please list camps and year of attendance

<u>Camp</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____
_____	_____

Membership in Officials' Associations _____
 or Other Conference Staffs: _____

(over)

Please list any other pertinent volleyball experience that you have (e.g. playing, coaching):

Please **'X'** those universities to which you are willing to travel:

Weekdays (Monday through Friday):

<input type="checkbox"/>	Eau Claire	<input type="checkbox"/>	River Falls
<input type="checkbox"/>	La Crosse	<input type="checkbox"/>	Stevens Point
<input type="checkbox"/>	Oshkosh	<input type="checkbox"/>	Stout
<input type="checkbox"/>	Platteville	<input type="checkbox"/>	Whitewater

Weekends (Saturday and Sunday):

<input type="checkbox"/>	Eau Claire	<input type="checkbox"/>	River Falls
<input type="checkbox"/>	La Crosse	<input type="checkbox"/>	Stevens Point
<input type="checkbox"/>	Oshkosh	<input type="checkbox"/>	Stout
<input type="checkbox"/>	Platteville	<input type="checkbox"/>	Whitewater

References: List three references who can attest to your officiating ability; preferably collegiate supervisors/assignors, officials and/or coaches. Attach a sheet for any additional information that you feel may be pertinent.

1. _____
Name *Affiliation* *Business Phone* *Home Phone*
 Supervisor/Assignor College Official College Coach Other: _____
2. _____
Name *Affiliation* *Business Phone* *Home Phone*
 Supervisor/Assignor College Official College Coach Other: _____
3. _____
Name *Affiliation* *Business Phone* *Home Phone*
 Supervisor/Assignor College Official College Coach Other: _____

I certify that the information I have provided is true and complete to the best of my knowledge, and I understand that inaccurate information may affect my employment.

Date

Signature