IGHSAU ARMED FORCES OFFICIATING APPLICATION

For use by individuals that have	erved or are currently serving in the	Check sports in which you
For use by individuals that have served or are currently serving in the Armed Forces and are licensing for the first time or are renewing for		wish to be licensed.
their second year.		Volleyball
		Swimming and Diving
		Basketball
		Wrestling
IGHSAU SPORT OFFICIATING LICENSE APPLICATION		Soccer
Iowa Girls High School Athletic Union		Track and Field
5000 Westown Pkwy Suite 150		
West Des Moines, IA 50266		Softball
Telephone	Male () Female ()	No liscencing fees will be
HOME #		charged for the first two
	Birthdate:	years.
CELL #		
*	*	Mail this form to the
		address at the top of the
* Email Address (required)	* Last 4 digits SSN (required)	page along with some type
		of documentation verifying
Yes () No () APPLICANTS - Please print or type NAME & MAILING address below: lowa County in which you Live:		
I hereby certify that I have a thorough understanding of the activity(s) for which I desire to officiate and possess the ability to interpret and apply the game rules. I have an enjoyment for high school activities and a desire to give back to others who are involved in these activities. I will strive to have an accuate and working knowledge of the rules and officiating mechanics of the sport(s) in which I desire to be licensed as an official. I shall uphold the honor and dignity of the profession in all interaction with student-athletes, coaches, athletic directors, school administrators, colleagues, and the public. I clearly understand that: I am registered as an independent contractor with the IGHSAU and it's member schools and not as an employee of the IGHSAU. By Submitting and signing this application, I agree to review the IGHSAU Officials' Code of Ethics found on the IGHSAU website as well as follow the IGHSAU policies and proceedures set forth within the online Officials Manual.		

Signature: ____
