



Georgia Officials Athletic Association (GOAA), Inc.

Officials Registration Form

Please make any corrections above the data or fill in blanks. If more room is needed, use back.

Personal

Full Name: _____ Social Security Number ____-____-____

Name you go by: _____ Spouse: _____

Home Address: _____
Street City State Zip

Phones: Home: (____) ____-____ Cellular: (____) ____-____ Pager: (____) ____-____ Fax: (____) ____-____

E-Mail: _____

Employment

Company: _____ Business type: _____

Business Address: _____
Street City State Zip

Business Phone: (____) ____-____ Ext. _____ Company Position: _____

Experience

Sport of Registration: _____ Number Years Officiating Sport: _____ High School _____ College _____

Do you have prior officiating experience with the GHSA? Yes No GHSA Rating Last Year: _____

If "Yes", years experience with other organization: _____ What organization: _____

Position Worked Last Year: _____ Varsity position you would like to work: _____

School or Coach Conflicts: _____

Official Conflicts: _____

For Sub-Varsity position you would like to work: _____

If not available, why? _____

Comments that might be helpful in making game assignments (days and times available, travel available, etc.):

Empty box for comments.

The undersigned GOAA member represents that he has received a copy of the Georgia Officials Association Independent Contractor Agreement, that he/she has fully read the entire agreement and understands the same to his/her complete satisfaction, and that he/she agrees to abide and be governed by the terms of that agreement.

Signature of Member

Date

Signature of Officer

GOAA Use Only: Cash: _____ Check #: _____ Amount: \$ _____