

# GOPHER STATE OFFICIALS ASSOCIATION

## MEMBERSHIP APPLICATION FORM

NAME	_____	DATE	_____
ADDRESS	_____	HOME PHONE	_____
	_____	WORK PHONE	_____
EMAIL	_____	CELL PHONE	_____
SPORTS INTERESTED IN OFFICIATING: (Circle)		AGE	_____
<b>SOFTBALL</b>	<b>BASEBALL</b>	<b>BASKETBALL</b>	<b>FOOTBALL</b>

WHAT HIGH SCHOOL DID YOU ATTEND? \_\_\_\_\_

PLEASE LIST ANY HIGH SCHOOL/COLLEGIATE PLAYING EXPERIENCE IN THE SPORT(S) CIRCLED ABOVE.

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PLEASE LIST ANY OFFICIATING EXPERIENCE. INCLUDE SPORT, # OF YEARS, LEVEL OF GAMES, CONTACT INFO.

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PLEASE LIST ANY CURRENT GOPHER OFFICIALS THAT WE CAN CONTACT FOR REFERENCE.

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PLEASE LIST ANY OTHER INFORMATION THAT YOU FEEL WOULD BE USEFUL FOR GOPHER OFFICIALS TO REVIEW YOUR REQUEST FOR MEMBERSHIP.

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**RETURN TO BOZO WINCEK, 6307 61ST AVENUE NORTH  
CRYSTAL, MN 55428**