



**FLAG FOOTBALL COMPETITION OFFICIALS
APPLICATION FORM
Special Olympics 2010 USA National Games**

This is the Official Application Form for the 2010 Special Olympics USA National Games Officials. It must be filled out in its entirety. All information must be verifiable. All applicants must be certified as a University-level Intramural/Club football/flag football official, or a NFHS or NCAA football official. The 2010 Special Olympics USA National Games will require a commitment of July 17 through July 24, 2010. All National Games officials assigned MAY be asked to officiate at least one Special Olympics Flag Football competition at the Local, Area, State, Regional or National Program level prior to May 1, 2010 and will be required to attend a training at National Games. Anyone unable to meet those requirements, or make this commitment, should not apply. **No attachments will be accepted!**

Please print or type

SECTION 1: PERSONAL INFORMATION			
NAME:			
MAILING ADDRESS:			
HOME PHONE:			
WORK PHONE:			
CELL PHONE:			
FAX:			
E-MAIL:			
SECTION 2: CERTIFICATION			
Certificate Number			
Certifying Organization			
SECTION 3: OFFICIATING EXPERIENCE			
Officiating Experience	Years	Name of Organization	
Certification			
National Sport Federation			
International Sport Federation			
Special Olympics			
Other			
Names and affiliation of two (2) individuals who might be consulted regarding your officiating ability:			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	



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LIST MOST RECENT TOURNAMENTS OFFICIATED		
Year	Competition (Name of Tournament)	Assignment
LIST SPECIAL OLYMPICS OFFICIATING EXPERIENCE		
Year	Competition (Name of Tournament)	Assignment

I certify that the information presented in this application is true to the best of my knowledge. As part of my application as a competition official, I grant permission for the Selection Committee to contact individuals, including observers, regarding my officiating experience and ability. I certify that I am in good physical and mental health.

Signature of Applicant _____ Date _____

<p>Please check if SOOPA Participant: Athlete _____ Mentor _____ Who is your athlete or Partner?</p>	<p>Please return by <u>October 1, 2009</u> to: Special Olympics 2010 USA National Games Games Officials Application 4004 Barrett Drive, Suite 206 Raleigh, NC 27609 E-mail: cpippert@specialolympics.org Fax: 919-782-3311</p>
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Selections will be made to ensure a diversity balance. Early return of application advised, review of applications will begin immediately.

OFFICE USE ONLY:

Date Received: _____ Cert Check: _____ Approved: _____