



**SOCCER 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 National or International. The 2010 Special Olympics USA National Games will require a commitment of July 17 through July 24, 2010. All National Games officials assigned will be required to officiate at least one Special Olympics Soccer competition at the Local, Area, State, Regional or National Program level prior to May 1, 2010. Anyone unable to meet those requirements, or make this commitment, should not apply. **No attachments will be accepted!**

*Please print or type*

<b>SECTION 1: PERSONAL INFORMATION</b>			
NAME:			
MAILING ADDRESS:			
HOME PHONE:			
WORK PHONE:			
CELL PHONE:			
FAX:			
E-MAIL:			
<b>SECTION 2: CERTIFICATION</b>			
Certificate			
Level			
Certifying Association			
Special Olympics Certification (Y/N)			
<b>SECTION 3: OFFICIATING EXPERIENCE</b>			
Officiating Experience + Grade	Years	Name of Organization	
Local Cert (eg. H. School)			
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 MAJOR MATCHES/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><b>Please check if SOOPA Participant:</b>          Athlete _____          Mentor _____          Who is your athlete or Partner?</p>	<p><b>Please return by <u>October 1, 2009</u> to:</b>          Special Olympics 2010 USA National Games          Games Officials Application          4004 Barrett Drive, Suite 206          Raleigh, NC 27609          E-mail: <a href="mailto:cpippert@specialolympics.org">cpippert@specialolympics.org</a>          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: \_\_\_\_\_