

# Want to make \$50 or more per evening helping Mosinee Athletics? (Become a WIAA official)

Please Cut Along Dotted Line

## 2016-17 WIAA SPORT OFFICIAL LICENSE APPLICATION

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION, 5516 Vem Holmes Dr., Stevens Point, WI 54482-8833

Occupation Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Officials Association No. \_\_\_\_\_

TELEPHONE NO.'s (Include Area Code) These numbers will be published in the on-line Officials Directory unless otherwise noted.

HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (Required) \_\_\_\_\_

Have you ever been charged with a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

APPLICANTS – Please print or type NAME, MAILING ADDRESS, and ZIP CODE

Check sports in which you wish to be licensed.

BASEBALL \$15.00	<input type="checkbox"/>	
BASKETBALL \$15.00	<input type="checkbox"/>	
FOOTBALL \$15.00	<input type="checkbox"/>	
GYMNASTICS \$15.00	<input type="checkbox"/>	
HOCKEY \$15.00	<input type="checkbox"/>	
SOCCER \$15.00	<input type="checkbox"/>	
SOFTBALL \$15.00	<input type="checkbox"/>	
SWIMMING & DIVING \$15.00	<input type="checkbox"/>	
TRACK & FIELD \$15.00	<input type="checkbox"/>	
Do you also officiate cross country? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
VOLLEYBALL \$15.00	<input type="checkbox"/>	
WRESTLING \$15.00	<input type="checkbox"/>	

BASIC LICENSE FEE † **\$35.00**  
(All fees waived for high school students.)

SPORTS FEE(S) from above \$ \_\_\_\_\_

LATE FEE\* (\$30) \$ \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**

\*Required only if you were licensed in 2015-16 and you did not reapply by June 3, 2016.

†Note: If you will be a high school student for the 2016-17 school year, you do not need to pay any fees.

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### READ CAREFULLY BEFORE SIGNING:

I hereby certify that I have an accurate and working knowledge of the rules and officiating mechanics of the sport(s) in which I desire to be licensed as an official. I will uphold all WIAA's policies, including those of promoting wholesome amateur athletics in the member schools of Wisconsin and conducting them in an atmosphere of sportsmanship, free from gender and ethnic bias. I clearly understand that: I am acting as an independent contractor and not as an employee of the WIAA or its member schools. By submitting this application, I agree to review the WIAA Guide for Officials, found on the WIAA website, and will abide by terms and conditions stated in this Guide.

Please Sign

Applicants  
Signature

X

**High school students must have  
this card signed by their athletic director.**

SIGNATURE of  
Athletic Director

Name of School

Please Cut Along Dotted Line

*Jack Zebro*