



Colorado High School Sports Officials

# COLORADO VOLLEYBALL OFFICIALS ASSOCIATION

14855 East Second Ave., Aurora, CO 80011-8900

(303) 364-1337

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## NEW OFFICIALS REGISTRATION FORM

AREA # \_\_\_\_\_ M  F

FULL NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
(Preferred first name for directory)

ADDRESS: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CITY/ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ Ext. \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**SOCIAL SECURITY #**

\_\_\_\_\_

(Must be completed to register. It is your membership number and is for registration purposes only.)

PLEASE CHECK THE BOX IF ARE YOU ARE COLLECTING PERA RETIREMENT BENEFITS

**HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR MISDEMEANOR OTHER THAN TRAFFIC OFFENSES? YES \_\_\_ NO \_\_\_** *If you answered "YES", a full explanation must be attached to this dues notice, including documents delineating final disposition.*

*If "YES", was it previously reported to CHSAA? YES \_\_\_ NO \_\_\_* Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WHO OR WHAT MOTIVATED YOU TO BECOME AN OFFICIAL? (Circle all that apply and explain)**

FRIEND      RELATIVE      MENTOR      OTHER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TEST FEE (Covers dues for your first year) .....\$86.00**

The official acts as an independent contractor when entering into an agreement with the Colorado High School Activities Association and/or its member schools.

**Make check or money order payable to CVOA.**

**For office/Area Director use only**

Test Score \_\_\_\_\_ STATUS:    C   P   F      Date paid \_\_\_\_\_

85-100	Certified	(All levels)	Check	M/O	Cash
75-84	Provisional	(No post-season)	Check #	_____	
Below 75	Failure	(lower levels only)			

**If failure and paid by personal check, half of the dues will be refunded upon clearance of said check. Otherwise, Treasurer will issue refunds upon receipt from Area Director.**