



Colorado High School Sports Officials

COLORADO VOLLEYBALL OFFICIALS ASSOCIATION

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

(303) 364-1337

mtillman@chsaa.org



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 _____

90-100 Certified (All levels) Check M/O Cash

75-89 Provisional (No post-season)

Below 75 Failure (lower levels only) Check # _____

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.