



**ROCKY MOUNTAIN LACROSSE
OFFICIALS ASSOCIATION**
14855 East Second Ave., Aurora, CO 80011-8900
(303) 364-1337
mtillman@chsaa.org

**2007-2008 REGISTRATION FORM
For
NEW LACROSSE OFFICIALS**

(Officials are responsible for notifying the CHSAA Officials' Office of any ADDRESS CHANGE. **MAIL IS NOT FORWARDED**. If you do not receive your books because you did not update your information, you will be responsible for PURCHASING the second set.)

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.)

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 Reported _____

Signature _____ **Date** _____

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

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

FRIEND RELATIVE MENTOR OTHER _____

TEST FEE (Covers dues for 2007-2008).....\$60.00

Make check or money order payable to CHSAA.