

**NYSAHA OFFICIALS DEVELOPMENT CAMP
APPLICATION FORM**

PLEASE PRINT LEGIBLY

Name: _____ Male/Female (circle one)

USAH #: _____ USAH Level (2010-11): _____ # Years Officiating: _____

Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Age: _____ T-shirt Size: _____

Emergency Contact Info (Name / Phone # / Relationship):

2010-11 Activity

Game Level	# of Games	2 or 3 Official (R/L)	Supervisor
------------	------------	-----------------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please briefly list your officiating strengths and weaknesses:

Please send applications and inquiries to:

Mario Pusateri
35 River Street, Norwood, NY 13668
Email: mario15@twcny.rr.com
Home: (315) 353-2769

Applications & Registration Fee must be submitted by: June 1, 2011