

OHIO HIGH SCHOOL ATHLETIC ASSOCIATION, 4080 ROSELEA PL, COLUMBUS, OH 43214
APPLICATION FOR AN OHSAA APPROVED ADULT EDUCATION CLASS IN SPORTS OFFICIATING

DIRECTIONS: All blanks must be completed and the completed form sent to the OHSAA a minimum of **two weeks** prior to the starting date of the class. An approved copy will be returned for your confirmation.

1) **SPONSORING ORGANIZATION** _____

2) **NAME AND ADDRESS OF WHERE SUPPLIES ARE TO BE SENT:** _____
Name (printed legibly)

Address _____ City _____ State _____ Zip Code _____

CLASS INFORMATION:

3) **SPORT OFFERED** _____

4) **COURSE STARTING DATE** _____ **ENDING DATE** _____

5) **LOCATION (CITY) OF CLASS** _____ **TEST DATE** _____

6) **NUMBER OF HOURS OF INSTRUCTION TO BE OFFERED** (Minimum of 25 hours)

a) Classroom _____ b) Laboratory _____ c) Exam _____ d) Total _____

7) INSTRUCTOR'S INFORMATION

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE: HOME _____ BUSINESS _____
area code area code

Email Home _____ Email Work _____

The instructor holds current OHSAA Class 1 Permit in this sport? Yes _____ No _____

The instructor is an inactive Class 1 Official in this sport? Yes _____ No _____

8) **CERTIFICATION:** I certify that I have read and understand the accompanying procedures to be followed if this class is approved. I further certify that these procedures will be followed in this class as well as the schedule of submitting class rosters, application forms and fees to the OHSAA.

AUTHORIZING SIGNATURE _____

PHONE: Home _____ Business _____
area code area code EMail _____

INSTRUCTOR'S SIGNATURE _____

-----FOR OHSAA USE-----

Instructor's Permit Number: _____ District _____
For OHSAA Use

This application has been APPROVED _____ Class Approval Number _____

DATE _____ SIGNATURE _____

EMAILED DATE _____

MATERIALS SENT _____ DATE _____

MATERIALS RETURNED _____ DATE _____

This application has been DISAPPROVED because –

DATE _____ SIGNATURE _____