

RETURN FROM ACTIVE MILITARY DUTY
Request to return to Active Officiating Status



Date: _____

Permit #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Date of Birth: _____

Sport(s) in which you are requesting return to Active Status:

Note: The codes next to the sport are for OHSAA office use only and not an indication of your officiating class.

- | | |
|--|--|
| <input type="checkbox"/> 01 FOOTBALL | <input type="checkbox"/> 07 SWIMMING & DIVING |
| <input type="checkbox"/> 02 SOCCER | <input type="checkbox"/> 08 FASTPTICH SOFTBALL |
| <input type="checkbox"/> 03 BASKETBALL | <input type="checkbox"/> 09 TRACK & FIELD |
| <input type="checkbox"/> 04 WRESTLING | <input type="checkbox"/> 10 VOLLEYBALL |
| <input type="checkbox"/> 05 BASEBALL | <input type="checkbox"/> 11 FIELD HOCKEY |
| <input type="checkbox"/> 06 ICE HOCKEY | <input type="checkbox"/> 12 GIRLS GYMNASTICS |

Please **READ** and **COMPLETE** the following:

- Attach a check or money order for the OHSAA officiating registration fee.
Registration fees are \$60.00 for the first sports and \$30.00 for each additional sport.
Make check or money order payable to: OHSAA.
- Attach a copy of your military separation orders or sufficient proof of date of separation from active military service.

I understand that upon my return to active officiating status, attendance at local and state rules meetings is required. In addition, failure to notify the OHSAA within 30 days of military separation, requires a passing grade on the qualification examinations(s) to become reinstated.

Signature: _____ Date: _____

**MAIL THIS FORM ALONG WITH REGISTRATION FEE AND COPY OF MILITARY SEPARATION PAPERS TO: OHSAA - Officiating Dept.
4080 Roselea Place, Columbus, OH 43214**