

CENTRAL FLORIDA TRACK OFFICIALS ASSOCIATION MEMBERSHIP APPLICATION

Please print legibly

NAME: _____
ADDRESS: _____
City: _____ State: _____ Zip: _____
Phone (H): _____ Cell: _____
Email: _____
Male _____ Female _____ Number of Years Officiating _____

CERTIFICATION INFORMATION

USATF CERTIFIED 2005-2008 () Yes () No
Association____, National____, Master____
2009-2012 Certification/Recertification applied for () Yes () No
USATF Certification # _____

FHSAA CERTIFIED 2007-2008 () Yes () No
2008-2009 Certification/Recertification applied for () Yes () No

EVENT INTEREST

Please list your preferences for working events at meets:

- 1) _____
- 2) _____
- 3) _____

If circumstances require, what other events would you work:

- 4) _____
- 5) _____

DUES

Dues for the first year are \$15.00. Annual dues will be voted on by the membership at the first annual meeting in January 2009. Please enclose a check payable to: Central Florida Track Officials.

Mail to: William Booth, 32755 Timberwood Drive, Leesburg, FL 34748

The above information is accurate to the best of my knowledge.

Signature of the Applicant

Date