

SECTION XI
NEW OFFICIALS CONTACT INFORMATION

FOR OFFICE USE ONLY: FP _____ ID _____ LEVEL _____ CLASS _____

SPORT: _____ ☐ Boys ☐ Girls

Have you ever officiated other sports for Section XI? ☐ Yes ☐ No

If YES, please list which sports: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Phone Numbers (PLEASE CHECK PRIMARY NUMBER):

☐ Cell Phone: _____

☐ Home Phone: _____

☐ Work Phone: _____

PLEASE NOTE: YOU MUST BE FINGERPRINTED BEFORE WE CAN ENTER THIS INFORMATION INTO OUR SYSTEM AND SET UP YOUR ON-LINE ACCESS. CONTACT OUR OFFICE WITHIN 3 DAYS ONCE THESE REQUIREMENTS HAVE BEEN MET.

Signature: _____ Date: _____

RETURN FORM:

By Mail: Section XI, 1 Independence Hill Suite 201 Farmingville, NY 11738

OR

By Fax: 631-346-3020