MISSOURI STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

STATE SWIMMING
OFFICIALS RECOMMENDATION FORM

School Name: _____

Address: _____

City/Zip: _____

Head Coach's Name: _____

School Phone: Area Code ( ) _____ Home Phone Number: ( ) _____

INSTRUCTIONS:

1. FAX this form to the **MSHSAA Office. The FAX DEADLINE for submitting this form is:**
   Boys – September 15th **Girls – December 15th**
2. Recommend only those officials who are currently registered with the MSHSAA to officiate swimming.
3. Complete the form accurately and thoroughly as this will greatly assist in the selection of officials.
4. Be professional and objective in your recommendations. Ability, not friendship should be the deciding factor.

RECOMMENDED OFFICIALS:

Registration Number	Name	Home Phone	Business Phone

OFFICIALS NOT RECOMMENDED: (If there are officials you would prefer not work the state meets, please list)

Registration Number	Name

Signed: _____ Position: _____ Date: _____