

Georgia Football Officials Association

Officials Registration Form

Please make any corrections above the data or fill in the blanks. If more room is needed, use back.

Personal

Full Name:

Name you go by:

Home Address:

Street

City, State and Zip

E-Mail

Soc. Sec. No.

Spouse

Phones:

Home:

Cell:

Fax:

Employment

Company:

Business Type:

Business Address:

Street

City, State and Zip

Business Phone:

Company Position:

GFOA Data

GHSA Rating Last Year:

Years Experience:

Experience
w/GFOA

1st Year
w/GFOA

Position Worked Last Year:

Varsity Position you would like to
work:

School or Coach Conflict:

Officials Conflict:

For Sub-Varsity Games, would you rather work close to home, work
or either?

Are you available for Sub-Varsity games on Wed afternoon?

Thursday
Afternoon?

Saturday Morning?

Sub-Varsity Position you would like to work?

If not available, why?

Comments that might be helpful in making game assignments (days and times available, travel availability, etc.):

The undersigned GFOA member represents that he/she has received a copy of the Georgia Football Officials Association Independent Contractors Agreement, that he/she has fully read the entire agreement and understands the same to his/her complete satisfaction, and that he/she agrees to abide and be governed by the terms of that agreement.

Signature of Member

Date

Signature of Officer

GFOA Use Only: Cash: _____ Check #: _____ Amount: _____