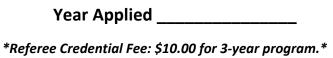
NSSA REFEREE APPLICATION





Please PRINT the following information:					
Name:	ne:NSSA#				
Date of Birth:/					
Address:					
City:	State:	Zip:	c	country	
Contact Phone:	E-mail	Address:			
Years experience as a skeet referee:		_			
Referee experience in other sports (list sports & years)					
I believe in the aims and purposes of the National Skeet Shooting Association and will enforce the official rules in all					
shoots in which I officiate.					
Signature of Applicant:					
The following must be filled in by the official/officer giving the examination. This is to certify that the above applicant has been administered the official NSSA referee examination for the shoot year and that he/she has fully qualified.					
Signature of Examining Officer:				Date:	
Representative Club or Assn:					
The following must be filled in by an Officer of the State Association This will certify that the above applicant has been approved:					
Signature of State Official:					
Office Held:		Da	ate:		

Payment: Cash ___ Check # ____ Credit Card: ____ Exp date: __/_ CVC ____