IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION OFFICIAL OF THE YEAR

Name	of Nominee:		
		(first, middle, last)	
Nomi	nee contact info:	(address)	(State, zip)
		(audress)	(State, 21p)
		(phone)	(email address)
Distric	ct Submitting No	mination:	-
Distri	ct Endorsement:		
Name:			
Title: _			
Signature:			
Date:			
Nomii	nee's Informatior	n (use additional sheet if necessar	y)
1.	Please describe n	ominee's current involvement in hig	h school officiating.
2.	Please list nominee's actions or accomplishments that deem him or her worthy of the "IHSAA Official of the Year".		
	"IHSAA Official of	the Year".	,
3.	Please list any acc	complishments or honors attained.	
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