IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
OFFICIAL OF THE YEAR

Name of Nominee: _____
(first, middle, last)

Nominee contact info: _____
(address) *(State, zip)*

_____ _____
(phone) *(email address)*

District Submitting Nomination: _____

District Endorsement:

Name: _____

Title: _____

Signature: _____

Date: _____

Nominee's Information *(use additional sheet if necessary)*

1. Please describe nominee's current involvement in high school officiating.

2. Please list nominee's actions or accomplishments that deem him or her worthy of the "IHSAA Official of the Year".

3. Please list any accomplishments or honors attained.

(DUE DATE MAY 15)