

**MISSOURI STATE HIGH SCHOOL ACTIVITIES ASSOCIATION
STATE BOYS SOCCER REFEREE RECOMMENDATION FORM**

School Name: _____

Address: _____

City/Zip: _____

School Phone: () _____

Head Coach's Name: _____

Head Coach's Home Phone: _____

INSTRUCTIONS:

1. Recommend only those officials who are currently registered with the MSHSAA to officiate soccer. (Reference current MSHSAA Officials Roster.)
2. Complete the form accurately and thoroughly.
3. Be professional and objective in your recommendations. Ability, not friendship, should be the deciding factor.
4. **Submit this form to the MSHSAA Office no later than **October 10, 2008.****

RECOMMENDED OFFICIALS

Registration Number	Name	Address	Home Phone	Business Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OFFICIALS NOT RECOMMENDED (Includes those you would prefer not work your games)

Registration Number	Name	Address	Home Phone	Business Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signed: _____ Position: _____ Date: _____

**SUBMIT THIS FORM TO THE MSHSAA OFFICE BY OCTOBER 10, 2008.
Mail to: MSHSAA OFFICE, PO BOX 1328, COLUMBIA, MO 65205-1328
or Fax to our office at (573) 875-1450**