LHSOA APPLICATION FOR SANCTIONING OFFICIALS' CAMP

Sport:	GirlsBoys D	ates
Name of Event:		
Host of Event:		
Application Fee:Yes Amount: \$		
Event will be managed by:		
Name of Manager/Title:		
The host organization agrees to pay \$15.00 and agrees to have at least one LHSOA Rep	per Official to the LH	ISOA for sanctionin
Number of hours for classroom instruction		
Does you Camp include the following: Phi	losophy, Rule review,	Mechanics, Safety
Issues, Mentoring Program for Younger Of	ficials?Yes _	NO
Please list your Instructors for the Camp:		
xecuted by:		
xecuted by:		
		(Signature)
hone number:	Date:	(Signature)
hone number:	Date:	(Signature)
	Date:	(Signature)
hone number: -mail address: ION 2 (To be completed by the Director of Of	Date: ficials of the LHSAA)	(Signature)
hone number:	Date: ficials of the LHSAA)	(Signature)
	Date: ficials of the LHSAA)	(Signature)
	Date: ficials of the LHSAA)	(Signature)
	Date: ficials of the LHSAA)	(Signature)