

OKLAHOMA OFFICIALS ASSOCIATION

LOCAL ASSOCIATION

APPLICATION

2010-2011

Name of Local: _____

Sport(s): FOOTBALL BASKETBALL SOFTBALL BASEBALL VOLLEYBALL SOCCER

(Circle sport this Local provides—Separate Application for each Sport)

Contact Person

Name: _____

Mailing Address: _____

Cell: _____

Email: _____

Approximate Number of Members: _____

Primary Meeting Location: _____

List the Six Minimum Meeting Dates and Times Required by OOA Constitution:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Approved: _____ **OSSAA Assistant**

Date: _____