

CHESTER COUNTY SPORTS OFFICIALS ORGANIZATION

APPLICATION FOR MEMBERSHIP

Please attach a check made out to **CCSOO** in the amount of \$70- Mail to CCSOO address at bottom.

For this single dues, you may apply for up to three sports to officiate.

NAME: _____ Birth Date ___/___/___ Home Phone _____

Address: _____ Cell Phone _____

E-Mail Address: _____@_____ Social Security Number _____

Sports to officiate: () Soccer () Basketball () Baseball Spouse's Name: _____

Availability: () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Weekdays: Start @ _____ PM until _____ PM, Weekends: Start @ _____ AM until _____ PM

I am presently a member of the PIAA () I am interested in becoming a member of the PIAA ()

Do you object to being contacted at work? ()

What is your main occupation? _____ Company _____

Are there any teams or leagues you prefer not to officiate for? Yes () No ()

If yes- Please briefly explain _____

Give the date you originally began working games and at what level (include all experiences)

You will be required to attend four chapter meetings held during the season as well as the Annual Rules Meeting held at the beginning of the season. These meetings will be mainly virtual.

I have received and a copy of the by-laws of the CCSOO and understand that I must adhere to them.

Signature _____ Date: ___/___/___

Mail this form along with your check to CCSOO, 544 Franklin Way, West Chester, Pa. 19380

WELCOME TO THE CHESTER COUNTY SPORTS OFFICIALS ORGANIZATION

