

**NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION
CANDIDATE APPLICATION FORM
NATIONAL REFEREE PROGRAM**

RETURN THIS FORM COMPLETED
With APPLICATION FEE BY MARCH 1st

TO:
TOM RICHARDSON, 574 Thomas Ross Lane, Kernersville, NC 27284

Full Name: _____

Address: _____

City, ST, ZIP: _____

Phone: Res: _____ Bus: _____ Cell: _____

E-mail _____

Date of Birth: _____ NISOA Region: _____ Chapter: _____

I. THE FOLLOWING INFORMATION MUST BE SUBMITTED BY:

APPLICANT (check below)

- Verify three consecutive years of NISOA membership (first joined NISOA: _____).
- Submit two (2) letters of recommendation (attach).
- Submit three (3) NISOA Assessments - two as Referee and one as AR (attach copies).
- Complete a satisfactory Physicians' Physical exam (attach copy).
- Verification of having officiated 20 intercollegiate games as Referee (complete and attach).
- Agree to abide by NISOA's Code of Ethics.
- Verification of passing the NISOA Physical Fitness Test as administered by an authorized Examiner (attach copy).
- Forward a \$75.00 application fee, payable to "NISOA" (attach). Late Fee: \$30.00 if posted from RAC after due date.

Note: NRP Policy and Forms are available on www.nisoa.com within the National Referee Program area.

II. FORWARD ALL DOCUMENTS TO:

Your Chapter Contact or President _____
Indicates, by signature, Member is in _____
Good Chapter Standing; Signature/Position Date

Then send to your
REGIONAL AREA COORDINATOR _____
Indicates by signature that _____
NRP Applicant meets all Region Area Coordinator Date
established NRP Policy criteria. Signature/Position

III. RAC TO FORWARD ALL TO: TOM RICHARDSON, 574 Thomas Ross Lane, Kernersville, NC 27284

FOR ADMINISTRATION USE ONLY:

Received by: _____

Payment amount: _____

Date: _____

Check number: _____