

**YEAR**

**Officiating Record Of:**

LAST NAME	FIRST NAME	MI
STREET ADDRESS		TASO ID
CITY	STATE	ZIP
CHAPTER AFFILIATION	PHONE	

If meetings attended are not those of the above Chapter affiliation, give the name of group conducting meeting and location of meetings attended below.

Group:  Location:

**Summary of Seasons Work**

STATE MEETING 25 POINTS		REGIONAL CLINIC 15 POINTS Max 1 per year		TASO APPROVED CAMPS 5 POINTS EACH Max 2 per year		TEST SCORE POINTS 100-90=8 89-80=4 79-70=2		DISTRICT MEETING 2 POINTS EACH Max 2 per yr.		SUB TOTAL MAXIMUM OF 60 POINTS
	+		+		+		+		=	
SCRIMMAGES 2 POINTS EACH 3 HOUR SCRIMMAGE		JUNIOR HIGH (7th-8th grades) .5 POINTS EACH		SUB-VARSITY GAMES 1 POINT EACH		VARSITY GAMES 2 POINTS EACH		SUB TOTAL		SUB TOTAL
	+		+		+		=		=	
I certify that the above information is true and correct										TOTAL SEASON POINTS
Signature of Official										
Date										

As Secretary and/or President of the above Chapter, I approve the data as an accurate account of this officials work

Signature of Secretary  President  Date