The Southern Independent Conference
Officials Alliance Inc. – SICOA

www.sicoaofficials.com

Officials Registration Form

Check Box That Is Applicable
- ❒ Returning Official
- ❒ New Member or New Official
- ❒ Evaluator
- ❒ Observer
- ❒ Technical Advisor

Collegiate
Seasonal Year

2008

STOP: BEGIN HERE – COMPLETE STEPS 1-4 USING ONLY A BALLPOINT PEN AND CAPITAL LETTERS

STEP 1: Biographical Information

Last Name | First Name

Mailing Address

City | Postal Code

E-Mail Address

Home Phone Number | Work Phone Number

Cellular Phone Number | Fax Number

Date Of Birth *dd/mm/yr* | *Social Security Number*

STEP 2: Officiating Questionnaire

LEVEL OF GAME	POSITION	YRS EXPERIENCE
High School JV		
High School Varsity		
Minor League .		
Collegiate JV		
Collegiate		
Indoor		
Observer		
Evaluator		

STEP 3: Criminal Background Disclaimer

The Southern Independent Conference Officials Alliance (SICOA) requires a Background Check prior to the start of the fall season. Officials that have felony convictions are not necessarily ineligible to officiate but must disclose any felony convictions for review and disposition by both SICOA, and the schools for which we service in accordance with NCAA policy.

Have You Ever Been Convicted Of A Felony?

❒ YES ❒ NO

If you fail to answer this question, your application will be automatically rejected.

As a condition of the application process, a completed medical form must be submitted to SICOA by August 15, 2008. Failure to submit this form will result in your application being automatically rejected.

Step 4: Information Certification

I understand that by successfully completing this application and registering with SICOA as a contest official, I am eligible to officiate at the appropriate level of competition indicated by my experience, but fully understand that there are no assurances of any game assignments. I further understand that my registration with SICOA does not create an employment contract or an employment relationship with any collegiate program. I agree to hold SICOA and their representatives harmless for any reason and will represent the association well by following their rules, policies and procedures. I attest that all information I have provided is truthful and accurate.

SICOA membership runs annually from January 1st through December 31st with an annual non-refundable membership fee of $40.00 and must be received with this completed application. Please make your check payable to SICOA.

Your Signature

Date Submitted

Mail this completed application and your membership fee to:
SICOA / Post Office Box 47651, Tampa Florida 33646