

ISWA FOLKSTYLE REFEREES SIGN-IN SHEET

TOURNAMENT: _____ **DATE:** _____

Name: _____	Address: _____	City: _____	Zip: _____
Section # or County of Residence: _____ Phone: _____ Email: _____			
IHSAA Licensed? ____ Yes (IHSAA # _____) ____ No (Would you like assistance in becoming licensed? ____ Yes ____ No)			
Name: _____	Address: _____	City: _____	Zip: _____
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IHSAA Licensed? ____ Yes (IHSAA # _____) ____ No (Would you like assistance in becoming licensed? ____ Yes ____ No)			

***Please have all referees working your event complete this form and return it to the ISWA office ASAP.
This information is vital to our efforts in recruitment & development of officials statewide. Thank You!!!***

Send to: ISWA, PO Box 157, Beech Grove, IN 46107 (or) office@iswa.com