



MONTANA HIGH SCHOOL ASSOCIATION  
1 South Dakota Avenue  
Helena, MT 59601  
(406) 442-6010 Email: abartels@mhsa.org

**REINSTATEMENT FORM**

Date: \_\_\_\_\_ Season: 20\_\_\_\_ - 20\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
home work

Please indicate in which sport you wish to upgrade your rating:

\_\_\_\_ Basketball    \_\_\_\_ Baseball    \_\_\_\_ Football    \_\_\_\_ Softball  
\_\_\_\_ Soccer    \_\_\_\_ Wrestling    \_\_\_\_ Volleyball

\_\_\_\_\_  
Official's Signature

Once all the following requirements have been completed, contact the MOA office for your rating to be approved and reinstated. Failure to contact the office will result in a denied reinstatement.

\_\_\_\_ Paid Dues    \_\_\_\_ Exam Score for Required Rating  
\_\_\_\_ Study Clubs    \_\_\_\_ Rules Clinic    \_\_\_\_ Concussion Training  
\_\_\_\_ Favorable recommendation from pool  
\_\_\_\_ Paid Dues for Next Season  
\_\_\_\_ Approved    \_\_\_\_ Denied (list reason below)

\_\_\_\_\_