



West Coast Officials Association, Inc.
 P.O. Box 20514 Tampa, Florida 33622
 or
 10604 Orange Grove Dr. Tampa, FL 33618

Name _____ Renewal _____ New _____

Street Address _____ City _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Social Security # _____ Date of Birth _____

Are You A Veteran of The United States Armed Services? _____

Race (FHSAA Required) _____ Gender (FHSAA Required) _____

Primary Association _____ Secondary Association (If Applicable) _____

<u>Register In</u> (√ Applicable)	<u>Years Experience</u>	<u>Membership Dues</u> (Check Box)	
Football _____	_____	<input type="radio"/> New Members (1 st Sport)	\$30
Basketball _____	_____	<input type="radio"/> Football	\$50
Flag Football _____	_____	<input type="radio"/> Basketball	\$50
		<input type="radio"/> Flag Football	\$25
		<input type="radio"/> ECO	\$30
		<input type="radio"/> Football / Basketball	\$85
		<input type="radio"/> Football / Flag Football	\$70
		<input type="radio"/> Basketball / Flag Football	\$70
		<input type="radio"/> Football / Basketball / Flag	\$100

<u>Fines</u>	<u>BB</u>	<u>FB</u>
<i>Decline/Accept by Passed</i>	\$10	\$20
<i>Cancel Within 24 Hours</i>	½ Game Fee	½ Game Fee
<i>No Show</i>	Game Fee and Suspension	

Total Fees \$ _____ Fines \$ _____ Total Paid \$ _____ Date Paid _____

Payment made by: Cash _____ Check _____ Money Order _____ Board Member _____

Treasurer's Signature _____

I will notify the assignment officer of any changes in my availability prior to assignments being distributed and will keep my Arbiter availability up to date. I agree to the deduction of all fines from any game fees and that fines may be reviewed by the Sports Committee. I will read and abide by the Bylaws of this association.

Signature _____ Date _____