WASHINGTON OFFICIALS ASSOCIATION
Registration Card

Indicate Sport

_____Baseball	_____Basketball (B)	_____Football
_____Gymnastics	_____Basketball (G)	_____Soccer (G B)
_____Softball	_____Volleyball	_____Wrestling

Name_____SS#_____

Home Address_____
Street City Zip

Home #_____ Indicate Amount enclosed:
Work #_____ $40.00/per sport_____
E-mail address: _____
Today's Date:_____
Signature_____

This card, together with your state registration fee, is to be returned to your Local Association/Board Secretary, who will forward it to the WOA office for processing.
Please fill in ALL INFORMATION CORRECTLY to insure proper registration.