

**Application to Officiate  
2016 USATF National Junior Olympic  
Outdoor Championships  
Hornet Stadium - Sacramento, California  
July 25-31, 2016**

**Part A. Please print legibly or type all information  
Application must be postmarked on or before March 31, 2016**

**Name** \_\_\_\_\_ **USATF CERT. #** \_\_\_\_\_  
           **First**                  **M**                  **Last**  **6 Digit**

**Address** \_\_\_\_\_ **Certification Level:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Gender:** Male \_\_\_\_ Female \_\_\_\_

**10 digit 2016 USATF Membership #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
 (This is important since most correspondence will be by e-mail)

**Have you passed completed SafeSport? Y N**

**Have you undergone a background check? Y N By whom?** \_\_\_\_\_

**Part B: Officiating Preferences:** For each event you would like to be considered to work place your preference number to the left of event name. (1 for first choice; 2nd for second; 3<sup>rd</sup> choice) Please indicate more than one. Show your top 5. Prior experience will influence assignments. Due to the length of the championship, you will most likely work at one or more events.

<b><u>Track Events:</u></b>	<b><u>Field Events:</u></b>	<b><u>Other specializations:</u></b>
a: __ Finish Line/Lap/Timing/Finish	f: __ Throws	k: __ Marshal/Steward
b: __ Clerk or Course/Call Room	g: __ Horizontal Jumps	l: __ Wind Gage Operator
c: __ Umpire	h: __ Vertical Jumps	m: __ Technical Manager
d: __ Starter/Recall/Start Coord.	i: __ Elect. Measure Judge	n: __ Implement Inspector
e: __ Race Walk Official	j: __ Race Walk Judge	o: __ Multi-Escort
p: __ Announcer	q: __ Finish Lynx Laser	
Do you have experience with Field Lynx: Throws __; Horizontal Jumps __; Vertical Jumps __		

Do you need Room Accommodations: July 24 \_\_; July 25 \_\_; July 26 \_\_; July 27 \_\_; July 28 \_\_; July 29 \_\_; July 30 \_\_; July 31 \_\_;

If you have a roommate request, provide officials name: \_\_\_\_\_  
 No single rooms

Shirt Size \_\_\_\_\_

*Continued on reverse....*

**Part C:** Starting with the most recent meets, list up to twelve significant meets that you have worked from 2011 through 2015. Indicate the date; meet location; primary assignments and event head. Where your assignment matches your preference as shown in Part B;, list the preference number you are requesting. That is, if you worked in the Shot Put and your second preference for throws, place a 2 under “Matching Preference”.

Date	Meet	Primary Assignment	Event Head	Matching Preference

**IF YOU ARE SELECTED TO WORK, YOU WILL BE EXPECTED TO WORK THE ENTIRE MEET. YOUR ASSIGNMENT MAY BE CHANGED DUE MEET NEEDS.**

**Note: Only those who have undergone and completed SafeSport will be considered for selection.**

Mail to: Pacific Association, c/o Phil Leake 7249 Chesline Drive, Citrus Heights CA 95621  
 E-mail to: Phil Leake [pgall@sbcglobal.net](mailto:pgall@sbcglobal.net)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_