

OKLAHOMA OFFICIALS ASSOCIATION

LOCAL ASSOCIATION APPLICATION

SCHOOL YEAR 2019-2020

Name of Local: _____

Sport(s): FOOTBALL BASKETBALL SOFTBALL BASEBALL VOLLEYBALL SOCCER

(Circle sport this Local provides—Separate Application for each Sport)

Contact Person

Name: _____

Mailing Address: _____

Cell: _____

Email: _____

Approximate Number of Members: _____

Primary Meeting Location: _____

List the Six Minimum Meeting Dates and Times Required by OOA Constitution:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(SCAN AND RETURN APPLICATION TO sriddell@ossaa.com or FAX TO OSSAA AT 405-840-9559)

Approved: _____ OSSAA Assistant

Date: _____