

Maryland Public Secondary Schools Athletic Association
200 West Baltimore Street – Baltimore, Md. 21201-2595

REGISTRATION FORM

Edward F. Sparks, Executive Director
Phone 410.767.0555

Bill Burroughs, Coordinator of Officials
Phone 410.767.0375

Return a form for each **NEW** official being registered, and anyone *WHO IS NOT LISTED ON CURRENT MPSSAA PRINTOUT*, along with the proper fees to the MPSSAA office at the above address.

(PRINT LEGIBLY OR TYPE)

Last 4 digits of Social Security #: _____ Date: _____

Name: _____

Address: _____

City-State-Zip: _____

1. Sport (check sport for which this registration applies)

- | | |
|--|---|
| Field Hockey..... <input type="checkbox"/> | Baseball..... <input type="checkbox"/> |
| Football..... <input type="checkbox"/> | Softball..... <input type="checkbox"/> |
| Soccer..... <input type="checkbox"/> | Swimming..... <input type="checkbox"/> |
| Volleyball..... <input type="checkbox"/> | Lacrosse..... <input type="checkbox"/> |
| Basketball..... <input type="checkbox"/> | Track & Field..... <input type="checkbox"/> |
| Wrestling..... <input type="checkbox"/> | |

OFFICE USE ONLY

Code _____

Certification _____

2. Prior to this registration, have you ever been registered with MPSSAA as an official?

YES NO

LOCAL BOARD CERTIFICATION

Local Board _____ Exam Date _____ Exam Score _____

Certified by _____
(Local Board Representative) (Title)