

Mark box with any new changes.



Rock River Officials Association Registration and Dues Application Form

All my personal information, as listed on the RROA website, is current... YES:_____ NO:_____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ AGE: _____

OTHER PHONE: _____ D.O.B. _____

EMAIL ADDRESS: _____

* Must have email

I am currently a licensed official in the state of Illinois... YES:_____ NO: _____

If YES, my I.H.S.A. identification number is... # _____

If NO, I plan to get/have my license by this date... _____

SPORT:

LEVEL OF CERTIFICATION:

Years officiated

Registered Recognized Certified

in this sport

Baseball			
Basketball			
Football			
Soccer			
Softball			
Track/Field			
Volleyball			
Wrestling			

Membership - \$5.00 (due on/before July 31st) Amount: \$ _____

Student Membership - Free

Late Fee - \$10.00 (after July 31st) Amount: \$ _____

Total: \$ _____

Make checks payable to R.R.O.A.

Please mail this completed form with payment to:

John Kereven, Treasurer
Rock River Officials Association
313 Ada Street
Rock Falls, Illinois 61071

All information listed is accurate as of this date...

Signature: _____

Date: _____