

**Application Fee:**

Initial - \$25

Renewal - \$10 2008-09 Only

Please make checks payable to: LSR-USAV.

**USA VOLLEYBALL OFFICIAL'S  
CERTIFICATION APPLICATION**

This application to become a certified USA Volleyball Official is processed as outlined in the USA Volleyball Official Guide and as required by the Lone Star Volleyball Region



- Scorekeeper  
 Referee

**Mail To:** **Scorekeeper:** C.L. 'Steve' Crane - Scorekeeper Chair, Lone Star Region - USA Volleyball  
18710 Appletree Hill Lane, Houston, TX 77084

**Referee:** Thomas Hoy - Referee Chair, Lone Star Region - USA Volleyball  
3019 Nantucket, San Antonio, TX 78230

Please **PRINT** legibly**A completed certification is good for two years/seasons.**

<b>Name:</b>	<b>Date of Birth:</b> MM / DD / YY	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Status:</b> <input type="checkbox"/> Player
<b>Team/Club Name:</b>	<b>E-Mail:</b>	<input type="checkbox"/> Coach <input type="checkbox"/> Non-Player	

<b>Rating Information:</b>	<b>Adult</b>	<b>Junior</b>
<b>Current:</b>	<input type="checkbox"/> National <input type="checkbox"/> Jr. National <input type="checkbox"/> Regional <input type="checkbox"/> Provisional <input type="checkbox"/> None	<input type="checkbox"/> Jr. Olympic <input type="checkbox"/> None
<b>Applying for:</b>	<input type="checkbox"/> National <input type="checkbox"/> Jr. National <input type="checkbox"/> Regional <input type="checkbox"/> Provisional	<input type="checkbox"/> Jr. Olympic
<input type="checkbox"/> Interested in officiating for pay?		

<b>Clinic Date:</b>	<b>Location:</b>	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Paid Prev.
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CRANE-skrapp08.cdr-11/02/08

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