

**US Lacrosse - Women's Division Officials Council  
District Candidate Application Form - Out of Region**

Local Board: \_\_\_\_\_ Region: \_\_\_\_\_

Candidates Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

(Please refer to the Umpire's Manual for policies, procedures, and rating information.)

This application is:      New: \_\_\_\_\_      Renewal: \_\_\_\_\_ Previous  
Rating/Years: \_\_\_\_\_/\_\_\_\_\_

Out of Region rating/renewal session site: \_\_\_\_\_

Date of event: \_\_\_\_\_ Tournament Director: \_\_\_\_\_

**Please send this application and a copy of your officiating schedule to your Local Board Chair for completion.**

To be completed by your Local Board Chair

Is the candidate in good standing\* with her/his local board?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Comment required)

Written test score: \_\_\_\_\_

Local Board Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Local Chair: Please mail completed application and schedule your SUPER REGION Chair.**

\*Good Standing=candidate had paid all dues, attended a rules interpretation meeting, passed the written test (scored at least 90%), honored commitments, and completed required service obligations over the years.

Super Region Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Super Region Chair: please cc to the tournament chair prior to tournament.*