2008 KSOA ROSTER INFORMATION

NAME_____

ADDRESS_____

CITY, STATE, ZIP CODE_____

SOCIAL SECURITY #_____

HOME#_____WORK#_____FAX#_____

CELL#_____PAGER#_____

E-MAIL ADDRESS_____

KSOA POSITION IF APPLICABLE_____

USSF RANK_____INSTRUCTOR_____ASSESSOR_____

KHSAA_____NISOA_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, A CRIME OF VIOLENCE, ANY CRIME AGAINST AN INDIVIDUAL, OR FRAUD. YES_____NO____
IF YOU HAVE CHECKED THE ABOVE BOX "YES", PLEASE SUBMIT THE FOLLOWING INFORMATION WITH YOUR FORM: DESCRIPTION OF THE OFFENSE,DATE,COURT AND SENTENCE. THE INFORMATION WILL THEN BE EVALUATED ON A CASE BY CASE BASIS IN RELATIONSHIP TO BEING A REFEREE. IF THE BOX IS NOT CHECKED IT WILL BE RETURNED.

_____ **DATE**_____
SIGNATURE OF APPLICANT

PLEASE FILL OUT AND RETURN TO:

ESTELLE QUISENBERRY
4512 LUNENBURG DRIVE
LOUISVILLE, KENTUCKY 40245

HOME # 502-425-0677 FAX # 502-426-7057
E-MAIL ADDRESS Estelle Quisenberry, mom_popq@yahoo.com