

GEORGIA HIGH SCHOOL ASSOCIATION / 151 South Bethel Street, Thomaston, GA 30286
RECRUITMENT GRANT FOR NEW FIRST TIME OFFICIAL

First Time Official with NO Prior GHSA History or Registration on File

**** Type or Print clearly – application will be returned if not legible / must be completed in full for processing ****

Name _____ **Social Security Number:** _____
(First, Middle, Last, Suffix)

Current Address _____
(Must match DragonFly record) (Street or P. O. Box) (City) (Zip Code)

Email Address _____

DragonFly Account # ____ - ____ - ____ **Cell Phone** (____) ____ - ____

Sport of Registration: _____ **Name of Local Association:** _____

Were you recruited by a current GHSA official? ___No ___Yes___ **Official's Name:** _____

I certify I am a brand new official with GHSA registering for the first time in any sport and I do not have any past officiating experience or registration on file with the GHSA under any name other than the one I have listed above. I have completed all the GHSA registration steps in my DragonFly account including the GHSA registration fee payment. I understand I must be an active official of the local association I have listed above and the local association secretary must verify my active status in the GHSA MIS system after I officiate my first contest before I can qualify to receive a grant allotment.

OFFICIAL'S SIGNATURE: _____ **DATE:** _____

Once the first contest is worked by the above official, the Local Association Secretary must verify active status for the official in the GHSA MIS system before funds are made payable to official by the GHSA.

(Signature - Local Association Secretary) (Association Name) (Date)

RECRUITMENT GRANT ALLOTMENT BY SPORT

Local association secretary must verify active status for official in the GHSA MIS system before funds are payable by GHSA.

GHSA Registration Fee Paid in DragonFly to be refunded: \$32.00 _____

Football/Flag Football: \$350.00 _____

Volleyball/Swimming&Diving: \$200.00 _____

Basketball/Soccer/Lacrosse: \$250.00 _____

Spirit/Gymnastics: \$200.00 _____

Baseball/Softball: \$500.00 _____

Wrestling: \$300.00 _____

*****This section is to be completed by GHSA Office Only*****

Amount Approved: _____

Check #: _____

Date Approved: _____

Date Paid: _____

Signature: _____

Signature: _____