



## ***NORTHERN VIRGINIA FOOTBALL OFFICIALS ASSOCIATION***

***P.O. Box 7307, Fairfax Station, VA 22039*** Phone:

(703) 517-7090, Email: [recruiting@nvfoa.com](mailto:recruiting@nvfoa.com)

Dear Prospective NVFOA Member:

Enclosed is information pertaining to membership in the Northern Virginia Football Officials Association (NVFOA) and the Virginia High School League (VHSL).

The enclosed application is specifically for those interested in being an electronic clock operator only. If you are interested in officiating from the field, or if you can provide documentation of at least one full year of experience working varsity level games, please [download](#) and complete one of our other applications.

Please complete the application and return it along with a personal check in the sum of \$75.00 written out payable to the "NVFOA" and mail to the above address. Once accepted into the NVFOA, you will be required to join the VHSL through a separate on-line registration process.

Please direct all inquiries regarding application to me at the above email or phone.

Thank you for your interest and best regards. The NVFOA looks forward to your joining our organization.

Hutch Taylor  
Chairman, New Member Training

***Over 70 Years of Football Officiating Service to Public and Private High Schools and Area Youth Clubs!***

**[www.NVFOA.com](http://www.NVFOA.com)**

# Northern Virginia Football Officials Association (NVFOA)

Association website: [www.nvfoa.com](http://www.nvfoa.com)

## \*\*\*\*\*APPLICATION FOR ELECTRONIC CLOCK OPERATOR ONLY\*\*\*\*\*

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EMAIL1: \_\_\_\_\_ EMAIL2: \_\_\_\_\_

REQUIRED

RECOMMENDED

EMPLOYEE: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

NAME AND LOCATION OF SCHOOL

COLLEGE ATTENDED: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

NAME AND LOCATION OF COLLEGE

LOCAL SCHOOLS YOUR CHILDREN ATTEND OR GRADUATED FROM: \_\_\_\_\_

LIST FOOTBALL PLAYING EXPERIENCE: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FOOTBALL OFFICIALS ASSOCIATION?: \_\_\_\_\_

IF YES NAME AND LOCATION OF ASSOCIATION

LIST ALL PREVIOUS OFFICIATING EXPERIENCE: \_\_\_\_\_

HAVE YOU EVER APPLIED TO BE A VHSL OFFICIAL?: \_\_\_\_\_ SPORT: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR ASSOCIATION?: \_\_\_\_\_

ARE YOU ACQUAINTED WITH ANY NVFOA MEMBERS? \_\_\_\_\_ WHO?: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

[If you wish to furnish additional information about your prior officiating experience, please use the reverse side of this application.]

[Please make check payable to the NVFOA for \$75.00. The application fee covers the cost of NVFOA membership fees and your training materials. If your membership application is not approved, all fees will be refunded. However, if your membership application is approved, all fees are non-refundable]