

Please complete and forward to John Kujawski by September 1, 2011

APPLICATION FOR MASTER REFEREE

Year _____

Name

NSSA #

Address

Phone #

City/State/Zip

Please circle which of the listed World Shoots you have worked:

98 99 00 01 02 03 04 05 06 07 08 09 10

How many targets did you pull in 2008 _____ 2009 _____ 2010 _____

Were you classified in at least one gun last year, Yes _____ No _____
or worked 8 consecutive World Shoots

I certify the above information to be correct.

(Applicant's Signature)

Approved by:

State Chief Referee

Zone Chief Referee

Referee Committee Chairman

* **At least one signature required.**

PLEASE NOTE:

- ⇒ Approval must be by YOUR State Chief Referee or Zone Chief Referee and Chairman of the Referee Committee.
- ⇒ Date must be confirmed by the designated officials before application is signed.
- ⇒ Falsification of information on this application will result in banning the applicant from the Master Referee Program for LIFE.

Return this application to: John Kujawski - 9609 Fargo Rd. East - East Bethany, NY 14054

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