CNYLOA Application

	nember of the Central New York Lacrosse Officials Associon In to the address below. Applications are accepted year ro	
the 2015 Spring Season will begin Jar	nuary 28, 2015.	
Name:		
Home Address:		
City /Zip:		
Place of Employment:		
Address:		
	(work)	
Email :		
Please answer the following questio	ns:	
Have you ever played lacrosse?	Yes or No	
Level Played (Name and Number of Y	/ears); HIGH SCHOOL	
COLLEGE:		
POST COLLEGE:		
Have you ever officiated field lacross		
Chapter:		
What other sports have you officiate	d?	
Levels and Years:		
Do you know anyone in our (CNYLOA	A) organization (please name)?	
RETURN COMPLETED FORM TO:		
Rick McCormack	Email: rmccorma@twcny.rr.com	
509 Oakridge Drive		
Camillus, N.Y. 13031		