



MONTANA HIGH SCHOOL ASSOCIATION
1 South Dakota Avenue
Helena, MT 59601
(406) 442-6010 Fax (406) 442-8250

REQUEST FOR UPGRADE

Please note that you will only be contacted if your request is denied.
If approved your name will automatically be added to the list of those scheduled to take the exam.

Date: _____ Season: 20__-20__
Name: _____
Address: _____

Email: _____
Phone: _____
home _____ work _____

Please indicate in which sport you wish to upgrade your rating:

____ Basketball ____ Football ____ Softball
____ Soccer ____ Wrestling ____ Volleyball

Please indicate which upgrade you are requesting:

____ apprentice to certified ____ certified to master

Official's Signature

This Section for MOA office use only.

____ Timely dues paid ____ Study Clubs ____ Rules Clinic ____ Mechanics Clinic
____ Two (2) consecutive years ____ Timely request (20 days prior to test)
____ Favorable recommendation from pool
____ Minimum # of contests (BB – 20 or FB, SB, SO, WR & VB – 10) or C3 – for Master upgrade
____ Approved ____ Denied (list reason below)
