SOCCER OFFICIALS MENTORING VOUCHER

South Dakota Soccer Officials Association
Sports Officials Advisory Council

Game Date: _____

Teams Involved in Game: _____

Game Level: ☐ Frosh ☐ Soph ☐ C Game ☐ JV ☐ Varsity

Mentee/New Official

Name: _____

Address: _____

City/ Zip: _____

Mentor Name: _____

Mentor Address: _____

City/State/Zip: _____

Mentor official contracted for this game? ☐ Yes ☐ No

Mentee/New official contracted for this game? ☐ Yes ☐ No

SIGNED BY: _____ **Date:** _____
(Mentor)

Send to:

Marsha Karst
PO Box 1217
Pierre SD, 57501
marsha.karst@sdhsaa.com