

VOUCHER
South Dakota Sports Officials Advisory Council
Wrestling Mentor Form

Date Match Mentored: _____

Level of Match: _____

New Official Information

Name: _____

Address: _____

City/State/Zip: _____

Mentor Information

Name: _____

Address: _____

City/State/Zip: _____

Prospective official mentor match (\$50)

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

Send to:

Marsha Karst
PO Box 1217
Pierre, SD 57501

Email: marsha.karst@sdhsaa.com