



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

REQUEST FOR RETENTION OF RATING

Please note that when the retention is granted an official must continue to keep dues current, attend the rules clinic and complete study clubs to retain their rating.

NAME: _____

ADDRESS: _____

REGION #: _____

Sport(s) for which retention(s) requested: _____

Season for which retention requested: _____

Reason(s) for request: _____

Official's Signature: _____

Date: _____

INSTRUCTIONS:

1. Complete this form.
2. Attach doctor's statement if applicable.
3. Send to your Regional Director.
4. Regional Director must approve and send form to MHSA office for MOA Board's approval.

**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY YOUR REGIONAL DIRECTOR.
HE/SHE WILL THEN FORWARD IT TO THE MHSA OFFICE FOR MOA BOARD APPROVAL.**

_____ I APPROVE this request.

_____ I DENY this request.

Regional Director's Signature: _____

Date: _____