** APPROVED OFFICIALS REPORT** Chapter Secretary (Name, Address, Phone)

NYS Softball Officials Organization, INC.

Reporting Chapter: _____

Serving NYSPHSAA Section(s): _____ (list all)

This is to certify that each of the following members has fulfilled the requirements of the FIVE POINT PROGRAM for the 2008-2009 season.

OFFICIAL'S NAME	ADDRESS with ZIP	PHONE Number with Area Code	Test Score

SEND TWO (2) copies to your Dick James, 209 Castle Creek Rd., Binghamton, NY 13901
THREE copies(3) if you do more than one section.