

**SAN FERNANDO VALLEY FOOTBALL UNIT AN AFFILIATE OF THE
CALIFORNIA FOOTBALL OFFICIALS ASSOCIATION**

2010 Football Season

NAME: Last _____, First: _____

ADDRESS: _____

CITY: _____, Zip: _____

HOME PHONE: _____, WORK/CELL: _____

E-MAIL ADDRESS _____

YEARS IN UNIT: _____, OTHER ASSN.: _____

STUDY IN FED. CLASSROOM _____ NCAA _____ BOTH _____

DUES: \$75.00 _____ (Paid by JULY 15th.) LATE DUES \$85.00 _____ TOTAL : _____

MAKE CHECKS PAYABLE TO: SFV FOOTBALL UNIT :

Mail Payment to: 8772 ¼ Wyngate St., Sunland, Ca. 91040

DECLARATION OF LIABILITY INSURANCE

**Please note that this must be completed in order to fulfill registration requirements,
you may not receive assignments without proof of liability insurance.**

Insurance Type:

Policy or Member Number

NASO

NFHSOA

PRIVATE LIBILITY INSURANCE

(This not health insurance such as Blue Cross, Anthem, etc.)

I hereby state that all of the above insurance information is true and factual:

Signature required: _____