



**I.G.R.A. CERTIFICATION/RECERTIFICATION  
COMMITTEE RECOMMENDATION**



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*(THIS SECTION TO BE COMPLETED BY INDIVIDUAL. PLEASE PRINT ALL INFORMATION)*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE OR** \_\_\_\_\_ **ZIP OR** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_  **DAY**  **NIGHT**

**WORK PHONE:** \_\_\_\_\_  **DAY**  **NIGHT**

**CELL PHONE:** \_\_\_\_\_  **DAY**  **NIGHT**

*(NOTE: PLACE \* BESIDE PREFERRED PHONE NUMBER TO RECEIVE CALLS. IF NO PREFERENCE, LEAVE BLANK.)*

**HOME E-MAIL ADDRESS:** \_\_\_\_\_

**WORK E-MAIL ADDRESS:** \_\_\_\_\_

**LIST ALL IGRA ASSOCIATIONS WHERE YOU HAVE CURRENT MEMBERSHIP:**

\_\_\_\_\_  
\_\_\_\_\_

**MEMBER ASSOCIATION TO BE SHOWN ON CERTIFICATION LISTS:** \_\_\_\_\_

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*(THIS SECTION TO BE COMPLETED BY COMMITTEE CHAIRPERSON. PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.)*

**THE** \_\_\_\_\_ **COMMITTEE CERTIFIES THAT THIS**

**INDIVIDUAL HAS FULFILLED ALL REQUIREMENTS AND RECOMMENDS**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>CERTIFICATION</b>  | <input type="checkbox"/> <b>RECERTIFICATION AS:</b>                                     |
| <input type="checkbox"/> <b>ARENA DIRECTOR</b> | <input type="checkbox"/> <b>CHUTE COORDINATOR</b> <input type="checkbox"/> <b>JUDGE</b> |
| <input type="checkbox"/> <b>AUDITOR</b>        | <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>SCOREKEEPER</b>   |

\_\_\_\_\_  
**PRINTED NAME/COMMITTEE CHAIRPERSON**      **SIGNATURE/COMMITTEE CHAIRPERSON**

**DATE OF RECOMMENDATION:** \_\_\_\_\_

*(NOTE: THE ONLY INFORMATION INCLUDED ON THE CERTIFICATION LISTS WILL BE THE INFORMATION YOU PROVIDE. WITHOUT THIS FORM, AN INDIVIDUAL'S NAME WILL NOT APPEAR ON THE CERTIFICATION LISTS.)*