



MONTANA HIGH SCHOOL ASSOCIATION
1 South Dakota Avenue
Helena, MT 59601
(406) 442-6010 Email: abartels@mhsa.org

REQUEST FOR UPGRADE

Please note that you will only be contacted if your request is denied.

If approved your name will automatically be added to the list of those scheduled to take the exam.

Date: _____ Season: 20__ - 20__

Name: _____

Address: _____

City, Zip, State _____

Email: _____

Phone: _____

Please indicate in which sport you wish to upgrade your rating:

- Baseball Basketball Football Softball
- Soccer Wrestling Volleyball

Please indicate which upgrade you are requesting:

- apprentice to certified certified to master

Official's Signature

This Section for MHSa office use only.

____ Timely dues paid _____ Two (2) consecutive years

____ Timely request (7 days prior to test opening date)

____ Study Clubs _____ Rules Clinic _____ Concussion Training

____ Favorable recommendation from pool

____ Minimum # of contests (BB – 20 or FB, SB, SO, WR & VB – 10) – for Master upgrade

____ Approved _____ Denied (list reason below)
