



MONTANA HIGH SCHOOL ASSOCIATION
631 N Last Chance Gulch
Helena, MT 59601
(406) 442-6010

REINSTATEMENT FORM

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

Date: _____ Season: 20__-20__

Name: _____

Address: _____

Email: _____

Phone: _____

home

work

Please indicate in which sport you wish to reinstate:

- Basketball, Baseball, Football, Softball, Soccer, Wrestling, Volleyball

Please indicate the rating you are reinstating:

Official's Signature

Once all the following requirements have been completed, contact the MOA office for your rating to be approved and reinstated. Failure to contact the office will result in a denied reinstatement.

- Paid Dues, Exam Score for Required Rating, Study Clubs, Rules Clinic, Concussion Training, Favorable recommendation from pool, Approved, Denied (list reason below)
