



MONTANA HIGH SCHOOL ASSOCIATION  
1 South Dakota Ave  
Helena, MT 59601  
(406) 442-6010 Fax (406) 442-8250

**REQUEST FOR RETENTION OF RATING**

Please note that when the retention is granted an official must continue to keep dues current, attend the rules clinic and complete study clubs to retain their rating.

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

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

REGION #: \_\_\_\_\_

Sport(s) for which retention(s) requested: \_\_\_\_\_

Season for which retention requested: \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_

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

Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. Complete this form.
2. Attach doctor's statement if applicable.
3. Send to your Regional Director.
4. Regional Director must approve and send form to MHSA office for MOA Board's approval.

**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY YOUR REGIONAL DIRECTOR.  
HE/SHE WILL THEN FORWARD IT TO THE MHSA OFFICE FOR MOA BOARD APPROVAL.**

\_\_\_\_\_ I APPROVE this request.

\_\_\_\_\_ I DENY this request.

Regional Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_