

# VOUCHER

## South Dakota Sports Officials Advisory Council Football Mentor Form

Date of game mentored: \_\_\_\_\_

Level of game mentored: \_\_\_\_\_

### New Official

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Mentor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Prospective official mentor game (\$50.00)

SIGNED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
(Mentor)

### Send to:

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SDHSAA  
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Pierre, SD 57501  
[marsha.karst@sdhsaa.com](mailto:marsha.karst@sdhsaa.com)