

# 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:

Buck Timmins  
1403 East 2<sup>nd</sup> Ave.  
Mitchell, SD 57301  
[buck.timmins@k12.sd.us](mailto:buck.timmins@k12.sd.us)

605-996-1486 (home)  
605-993-1493 (cell)