

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION

FOOTBALL OFFICIALS INFORMATION CARD

Date: _____

Home Team: _____

Visiting Team: _____

Ref. _____

U. _____

H.L. _____

L.J. _____

B.J. _____

F.J. _____

S.J. _____

G.C. _____

P.C. _____

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P.C. _____

Lightning Detector: YES NO

if YES, Operator: _____

Location: _____

Appropriate Health Care Professional:

YES NO

If YES, Name: _____

Title: _____

COMMENTS: _____

Lightning Detector: YES NO

if YES, Operator: _____

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Title: _____

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