

MANITOBA VOLLEYBALL OFFICIALS ASSOCIATION

REQUEST FOR SABBATICAL

Submitted by: _____

Submission date: _____

I, _____, a Level ____ MVOA referee obtained in the year _____, choose not to referee during the 20__ - 20__ volleyball season. My MVOA and Volleyball Canada fees have been paid in full for the above season, and I understand that this request must be received by my Regional Officials Chair (ROC) by September 1st, prior to the start of the Sabbatical year. I also understand that upon my return, I must fulfill all clinic requirements before I can return to refereeing. Failing to do so, I will relinquish any refereeing level previously attained by the MVOA, and must attend a full Level 1 Clinic, as stated in the MVOA Constitution. My current contact information is listed below:

Address:		
City:	Province:	Postal Code:
Phone (Home):	Phone (Work):	Phone (Mobile):

APPROVED

DENIED

ROC Signature

Date