PRINT THIS FORM

High School Sports Officials of Central Florida

PO Box 4389
Orlando, FL 32802-4389
Board@hssocf.com

2026-27 Independent Contractors Agreement & Form W9 Request for Taxpayer Identification Number

This form & the requested information are NOT optional. An IRS form W9 will not substitute

Returning officials - Print Name, sign at bottom and click Submit

New officials or officials with changes to banking or address.
PRINT - Fill out the whole form and mail to HSSOCF (Do not email)

Official's Name:			
Business Name:			
Mailing Address:			
City:		State:	Zip:
Email:			
Cell Phone:	Home Phone:	Work Phone:	
Driver's License:		State:	DOB:
Social Security #:	FEIN (if business):		
Routing Number:	Account Number:		

Official agrees that:

- I will be performing services for HSSOCF as an independent contractor.
- I will represent HSSOCF in a professional manner.
- I will enforce the rules and policies of the NFHS/FHSAA as they require.
- I will uphold the honor and dignity of the profession in all interaction with crew members, student-athletes, coaches, athletic directors, school administrators and the public.
- I am not be subject to backup withholding of Federal Income Tax for IRS purposes.
- I will be performing services as a Sports Official at interscholastic sports events.
- I understand that HSSOCF is not responsible for providing Worker's Compensation insurance, auto insurance, or liability insurance coverage for the officiating services I perform.

As an Independent Contractor, Official agrees that:

1. I maintain my own business address and provide my own transportation, work equipment and materials, including the current FHSAA uniform and if that jersey conflicts with a team jersey, I have available the most current USSF jerseys and solid black shorts (no stripes or piping), and three stripe black socks.
2. I acknowledge and accept HSSOCF only processes game payments via Direct Deposit.
3. I am able, with prior sufficient notice, to accept or refuse my assignment to officiate a sports event.
4. I am able to travel to all schools in the 5 counties serviced by HSSOCF.
5. I am minimally insured via FHSAA, not HSSOCF, for injury, accident, or other liability incurred in performing the scheduled assignment. I am encouraged to join NASO additional insurance and benefits.
6. I will receive compensation for services rendered as defined by FHSAA and the School sports event.
7. I will incur the principal expense related to the services performed.
8. I will receive compensation for services performed on per assignment basis.
9. I am responsible for the satisfactory completion of the work or services I agreed to perform in accordance with FHSAA and HSSOCF Guidelines, including but not limited to the timely submission of all reports and forms to FHSAA or HSSOCF.
10. I authorize HSSOCF to deduct the Seventy-Four ($74) dollars annual Association dues from my 1st payment.
11. I will contact my crew via phone, text or email the day of my assignment and failure to do so at least 2 hours prior may cause me to be replaced for the assignment. I will arrive at the school field 30 minutes prior to the game and dressed in the black HSSOCF logo shirt to be easily identified.
12. I will seek out and establish communication with the school athletic director (actual or acting) upon my arrival.
13. I will maintain a "good standing" status as a member of HSSOCF and agree that I must attend in person one of the 1st four HSSOCF meetings (Aug - Nov) or will not receive games after Nov 15.
14. I understand the HSSOCF Board may impose penalties for "no shows", chronic late arrivals, or same day "turn backs", which could include loss of future assignments and/or monetary fines.

Referee Signature _____ Date Signed _____

Submit the Form