



Sports Officials Assigning System

Check the box next to each field you want on the spreadsheet. At least one field must be selected.
Click the Submit button when ready.
(Spreadsheet will be in alphabetical order.)

Select Chapter	<div style="border: 1px solid black; padding: 2px;"> Connecticut Empire Metropolitan Philadelphia Southern Western New England </div>	
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CHECK ALL:

View roster for:

- All Users
 All Administrators
 All Non-Administrators
 All Active Users
 All In-Active Users
 All Retiree

Address: <input type="checkbox"/>	City: <input type="checkbox"/>
State: <input type="checkbox"/>	ZipCode: <input type="checkbox"/>
Home Phone: <input type="checkbox"/>	Business Phone: <input type="checkbox"/>
Cell Phone: <input type="checkbox"/>	Fax Phone: <input type="checkbox"/>
Primary E-Mail: <input type="checkbox"/>	Alternate E-Mail: <input type="checkbox"/>
Birth Date: <input type="checkbox"/>	Spouse Name: <input type="checkbox"/>
Employer: <input type="checkbox"/>	Profession: <input type="checkbox"/>
SMS Carrier: <input type="checkbox"/>	Title: <input type="checkbox"/>
Height: <input type="checkbox"/>	Weight: <input type="checkbox"/>
Primary Position: <input type="checkbox"/>	Secondary Position: <input type="checkbox"/>
Reference 1: <input type="checkbox"/>	Reference 2: <input type="checkbox"/>
Member from: <input type="checkbox"/>	Member to: <input type="checkbox"/>
Year Start Officiating: <input type="checkbox"/>	Status: <input type="checkbox"/>
Membership ID Number: <input type="checkbox"/>	
Chapter <input type="checkbox"/>	Classification: <input type="checkbox"/>
Association Title: <input type="checkbox"/>	Chapter Title: <input type="checkbox"/>
Date Last Updated: <input type="checkbox"/>	Updated By: <input type="checkbox"/>
Appl Fee Rec'd: <input type="checkbox"/>	
Film Upload Permission: <input type="checkbox"/>	Active/Inactive: <input type="checkbox"/>
Lock user's account?: <input type="checkbox"/>	
Date Last Logged In: <input type="checkbox"/>	

Print Style:

- Linear shaded w/ grid
 Linear plain/no grid

Submit

Close