



Southern Alberta Basketball Officials Association

Personal Information

Contact Information

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/Town: _____ Cell Phone: _____
Postal Code: _____ Fax: _____
Email address: _____ Emergency contact: _____

History

Current rating: A B C Rookie
(circle one)

My first year of officiating with SABOA was: 19____

Years officiated with another board: _____. Which board? _____

Mark on last year's exam: ____%

List any officiating camps you have attended and when: _____

Availability / Other

What is earliest time you can leave work on week days? _____

Are you available for occasional week day morning games per season? Yes No Possibly

List any other information that may be helpful to the assignor / secretary
treasurer: _____

This form was completed on the _____ day of _____, _____.
day month year