

Please complete and return to N.D.B.R.A. Secretary by Sept.1, 2011, earlier if possible for August mailing, to:

MRS. PAT LAING
1277 Pelham St., Box 761,
Fonthill, ON L0S 1E0
905-892-2336
Email - patlaing@iaw.com

**NIAGARA DISTRICT BASKETBALL REFEREES' ASSOCIATION
APPLICATION FOR MEMBERSHIP**

_____ Surname		_____ Given	_____ Date of Application	
_____ Street, P.O. Box, Apt. No.		_____ Birth date (day, month, year)		
_____ Town or City	_____ Postal Code		_____ Male	_____ Female
_____ Telephone		_____ Email (if available)		
_____ Employer. If a student, give school				
_____ Address				

Brief Resume giving (a) experiences as an official (if any)
(b) related experience – officiating or playing or coaching
(c) availability during day (shift worker etc.)
(d) availability during week (nights unavailable)
(e) reason why you wish to be an official

(Use back of sheet (if more space is needed))

References:

(1) _____

(2) _____

Signature

PLEASE NOTE: A series of 8-10 evening training clinics are arranged for Sept. & Oct.
New Applicants are advised that 80% attendance is a requirement under our Constitution.