

Please complete and return to N.D.B.R.A. Secretary by Sept.1, 2010, earlier if possible for August mailing, to:

MRS. PAT LAING  
1277 Pelham St., Box 761,  
Fonthill, ON L0S 1E0  
905-892-2336

**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					

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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

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(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.