



# Referee's Course Registration Form

Official's Full Name	
Date of Birth	
Home Address	
Suburb	
Postcode	
Home Telephone	
Mobile No	
Association	
Referee Grade	Level (O) 8:30am-5:00pm Sunday 5 <sup>th</sup> December Highfields Fitness & Recreation Centre O'Brien Rd Highfields

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian permission is required If the official is under the age of 18.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**If you have any questions please call Academy Basketball on  
4642 1834 Mon-Friday 9am-5pm**

**FAX THIS FORM BACK TO 4613 1611  
BY FRIDAY 19<sup>th</sup> November 2010**