

Please complete and return to N.D.B.R.A. Secretary by Aug 1, 2016 to:

Mr. Mike Shara  
42 West Farmington Dr,  
St. Catharines, ON L2S 3S3  
905-682-6935

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

\_\_\_\_\_  
Surname Given Date of Application

\_\_\_\_\_  
Street, P.O. Box, Apt. No. Birth Year (Optional)

\_\_\_\_\_  
Town or City Postal Code  Male  Female  
(Optional)

\_\_\_\_\_  
Telephone Email (if available)

\_\_\_\_\_  
Employer. If a student, give school

\_\_\_\_\_  
Address Business Telephone

Availability -Mon.- Fri. (for 3:30 pm Games) - \_\_\_\_\_  
-Sat. & Sun. ( for Tournaments ) - \_\_\_\_\_  
-Work / School Restrictions - \_\_\_\_\_

Brief Résumé giving (a) experience as an official (if any)  
(b) related experience – officiating or playing or coaching  
(c) reason why you wish to be an official

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use back of sheet if more space is needed)

References:  
  
(1) \_\_\_\_\_  
  
(2) \_\_\_\_\_

\_\_\_\_\_  
Signature

PLEASE NOTE: **8-10** training clinics are conducted weekly (usually Thursday evening) in Sept. Oct. & early Nov. **80%** attendance is a requirement under NDBRA Constitution. Also note that availability at **3:30 pm** daily is essential for scheduling purposes.