**2017 GGOB BASKETBALL OFFICIALS CAMP**

**SATURDAY July 8th 2017**

**Novato High School**

**REGISTRATION FORM**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Association(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to attend: **Sat, July 8**

I am looking to improve my: **3-person** **2-person** **Both** **skills**

**CAMP FEE IS: $25.00 Payment Method:** Check
Please mail check to: Nancy Clary, 1110 Turner Dr., Novato, CA 94949

Or bring to camp on Saturday, July 8th

**I hereby authorize the staff of the Golden Gate Officials Bureau Camp to act for me to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by my participation in the camp program. I also understand the camp retains the right to use for publicity and advertising purposes photographs of officials taken at camp.**

**Print Name Signature Date**

 **In case of an emergency, please contact:**

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**Name Phone Number**