

SCCBOA OFFICIALS PROFILE

Name _____ Social Security Number ____ - ____ - _____

Home Mailing Address _____ City _____

Zip _____ Phone _____ Do not call after _____ Work phone _____ Ext. _____

Other phone contacts: Cell _____ Pager _____ FAX _____

Email address(es) _____

If you would like to list your experience in years and work level in basketball, please do so here _____

Please list any school where you have a child attending or family member employed. Please list any school where you may create a conflict of interest should you be assigned to work on that campus _____

Officials new to the SCCBOA, please list the level at which you feel qualified to work _____

How many days a week do you want to work? Single games? Doubles? Triples? At what level; for which gender?

Do you wish to be on an emergency call list for last-minute cancellations? _____

Are there schools that you would not like to (or should not) be assigned? _____

Are there officials that you do not wish to be assigned? _____