



basketballscotland Officiating Course

Registration Form

Personal Details

First Name: _____ Last Name: _____

Date of Birth: _____ Gender (Circle): Female Male

Address: _____ City/Town: _____

Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

School/Club/Organisation: _____

Country of Birth: _____ Passport Country: _____

Course Details

Course Title: _____ Date(s) of Course: _____

I confirm that I am able to attend all dates that are associated to the course outlined above;

Signed: _____

Date: _____



Once completed, please send this application form along with payment to;

**Chris Cleary
basketballscotland,
Doges,
62 Templeton Street,
Glasgow,
G40 1DA**

Please make all cheques payable to basketballscotland.

Once received a confirmation e-mail will be sent to the address given in order to confirm your place on the course.

Kindest Regards,

**Chris Cleary
West Regional Basketball Development Officer**