2009 MEAC MEN'S BASKETBALL OFFICIALS CAMP
JUNE 19-21, 2009
BOO WILLIAMS SPORTSPLEX
5 ARMISTEAD AVE, HAMPTON, VA

REGISTRATION FORM

Part 1: **General Information**

First Name: _____ MI: ____ Last Name: _____

Address: _____

City: _____ State:_____ Zip Code: _____

Home: (____) _____-_____ Cellular: (____) _____-_____ Work: (____) _____-_____

Current Email Address: _____

Part 2: **Officiating Information**

Number of Years of Officiating Experience: _____

Conference Affiliation(s)/Years (s):

(1)_____ (3) _____

(2)_____ (4) _____

Other Camps Attended Year (s):

(1)_____ (3) _____

(2)_____ (4) _____

Are you currently a MEAC Men's Basketball Official? Yes □ No □ Years in the MEAC? _____
T-Shirt Size: M L XL XXL (circle)

Payment Method:

CAMP FEE IS $400 (Does not include room & board & no partial payments accepted)

Check □ Money Order □
Credit Card Type: Visa □ MasterCard □ Discover□ American Express □
Credit Card Number:_____ Expiration Date:_____
Address Credit Card Bill is Sent to:_____ Zip Code:_____
Approval Receipt Returned? Yes □ No □

Hotel Information: Newport News Marriott at City Center. 740 Town Center Drive. Newport News, VA 23606. 866-329-1758. ***Please mention MEAC Men's Basketball Camp when making reservations***

I certify that all information on this application is accurate and current

_____ _____ _____
Print Name **Signature** **Date**

The 2009 MEAC Men's Basketball Officials Camp will be held at the Boo Williams Sportsplex, in Hampton, Virginia. Cost for the camp is $400; hotel accommodations are the responsibility of the camper. Non-refundable payment of $400 is due by May 26, 2009. Please do not submit credit card numbers via email or telephone. Place your credit card information on the registration form for processing. Please send your completed registration form inclusive of camp fee to: 2008 MEAC Men's Basketball Officials Camp: 222 Central Park Ave, Suite 1150 Virginia Beach, VA 23462.

I hereby authorize the staff of the Mid-Eastern Athletic Conference Men's Officials Camp to act for me to their best judgment in any emergency requiring 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. In case of an emergency, please contact:

_____ _____ (_____)_____-_____ (_____)_____-_____ (_____)_____-_____
Name Relation Home Cellular Work