

**Clinic Cost \$100.00 – Non Refundable**

**\$50.00 Deposit at time of Application**

**Place: Rock Island High School Field House**

**Justin Sharp Shoot-Out  
July 9 - 10, 2010**

***Please Send Registration and Check to:***

***Darryl Lamps, Supervisor of Officials***

***3900 14<sup>th</sup> Avenue***

***Rock Island, Illinois 61201***

***Phone: 309-788-7658***

***[darryl\\_lamps@msn.com](mailto:darryl_lamps@msn.com)***

**PLEASE READ AND SIGN THE FOLLOWING RELEASE STATEMENT:**

I hereby release the coordinators, Justin Sharp Shoot-Out Organization and Officiating Clinics and Clinicians from any and all liability for injuries and/or illnesses incurred while participating at the above mentioned camps/clinics. I have no knowledge of any physical impairment or limitations that would affect my participation in the clinic programs as outlined in the brochure. Furthermore, I hereby authorize the Clinic Staff and Personnel to act in my best interest in any emergency situation requiring medical attention.

**Signature**

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**Date**

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**IOWA & ILLINOIS  
OFFICIALS  
CLINICS**

***July 9 - 10, 2010***

**FIVE OFFICIATED GAMES**



Provide:

**Video Critiqued Games**

**Observed Games**

**Instruction in Game Management**

**Instruction in Pre-game**

**Federation & NCAA DVD Presentation**

*at*

**Rock Island Field House**

during

**Justin Sharp Shoot-Out**

**July 9-10, 2010**

**CLINICIANS & SPEAKERS**

- **Darryl Lamps**
- **Jude Kiah**
- **Bob Neswold**
- **Steve Spivey**
- **Mike Neff**
- **Don Brady**
- **Randy Krecji**
- **Cliff Hinton**

**APPLICATION**

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip\_\_\_\_\_

Home Phone\_\_\_\_\_

Business Phone\_\_\_\_\_

Physician\_\_\_\_\_

Phone\_\_\_\_\_

Officiating Experience\_\_\_\_\_

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**Preference:** (Circle One) 2 person /  
2-3 person / 3 person (only) / College  
Women