



2008 CSC Basketball Officials Camp

- LOCATION:** Sisters High School campus in Sisters, Oregon
- DATES:** June 13th – 15th, 2008 (Fri, Sat, Sun)
- COST:** \$175 per camper and \$150 for returning campers (includes 4 evaluated games, highly experienced staff, classroom instruction and camp t-shirt.)
Register before April 11th and pay only \$150! (\$125 for returning campers)
*Check payable to: **Champion Sports Camps***
- INSURANCE:** Officials must provide their own medical/accident insurance.
- RULES:** Games will consist of two 20-minute halves, running time. The clock will stop for the last 2 minutes of each half if the game is within 15 points.
- SCHEDULE:** We will meet as a camp on Friday night and then officiate Saturday and Sunday. There will be lots of classroom instruction from highly experienced evaluators. Our goal is to have an emphasis on **3-Man Mechanics**. Please tell your officiating colleagues about our camp!
- PROBABLE STAFF:** PAUL COOLEY – NAIA and NWAAC Assignor, AL MOBERG – College and NBA Evaluator, JOE POTTER – College Official, GORDIE JAMES – Willamette Men's Basketball Coach and Guest Speaker, and other highly experienced officials.
- MAIL REGISTRATION TO:** Champion Sports Camps
Officials Camp Registration
PO Box 16 Sisters, Oregon 97759
- CONTACT:** Justin Durham, General Camp Director
503-319-1698 (M) jdurham@championsportscamps.com

-----Detach Here-----

R E G I S T R A T I O N F O R M

**** Please Print ****

NAME: _____ YEARS EXPERIENCE: _____
ADDRESS: _____ T-Shirt Size: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____ HOME ASSOCIATION: _____
LEVELS WORKED: _____ AGE: _____
EMAIL: _____ PERSONAL OFFICIATING GOALS: _____

INSURANCE COMPANY/POLICY: _____

I hereby register for the Champion Sports Camps Officials Camp. I know of no mental or physical problems that may affect my ability to safely participate in this camp. I authorize the camp staff to attend to any health problems or injury I may incur while participating in this camp. I hereby release and hold harmless, Champion Sports Camps, LLC and its employees from any and all liability that may arise out of my participation in this camp. I acknowledge that I am responsible for any and all medical expenses due to my illness and/or injury.

CAMP REGISTRANT SIGNATURE

DATE