

2015 SOUTHERN CROSS CHALLENGE REFEREE EXPRESSION OF INTEREST INFORMATION SHEET

Basketball WA is calling for expressions of interest for referees who would like to be considered for the Southern Cross Challenge (SCC) in January 2015 to be held in Melbourne, Victoria.

The SCC is the preeminent junior development tournament with teams from States across Australia represented. In 2015 Basketball WA will be sending eight teams to the tournament. Being a National tournament, Basketball WA sees the competition as part of the development pathway for referees interested in elite officiating.

The locations and dates for the three tournaments are:

State Basketball Centre- Knox Basketball Association

Friday- 16th of January to Monday 19th of January 2015

**Please note when considering availability that officials will need to fly to Melbourne on the 15th of January and return on the 20th of January 2015.*

All referees will receive expert referee coaching and feedback and this tournament experience will provide interested officials with exposure to elite levels of competition.

Interested referees must be prepared to pay for their own flights to Melbourne. BWA will cover costs for accommodation, transfers and allocated meals for the duration of the event.

Essential criteria prior to being considered for selection are:

- ◆ Minimum Level 1 Association Representative Accreditation
- ◆ Registered and fully financial with BWA
- ◆ Referee to adhere to a behaviour standard defined by BWA/BA
- ◆ Referees need to pass a BWA run fitness test
- ◆ Referee WABL- you require a signature from your WABL Referee Director

A total of eight referees will be selected. The successful applicants will need to review and sign the current State Team Policy.

Please complete the attached registration form and return to Christian Rice

Application Deadline is Friday 12pm- November 7th 2014

FOR FURTHER INFORMATION CONTACT

Christian Rice- 08 6272 0744 christian.rice@basketballwa.asn.au

**2015 SOUTHERN CROSS CHALLENGE
REFEREE EXPRESSION OF INTEREST REGISTRATION FORM**

TITLE (Mr/Mrs/Ms/Other):

GENDER: M / F

NAME:

DOB:

ADDRESS:

SUBURB:

POST CODE:

HOME PHONE NUMBER:

WORK PHONE NUMBER:

MOBILE:

EMAIL:

WABL REFEREE DIRECTOR SIGNATURE:

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