



COFFS HARBOUR BASKETBALL ASSOCIATION
Beginner Referee Course
Saturday 7th March 2015

Participants in this course must be at least in Year 7

Player Details:

Name: _____
Family Name Given Name

Date of Birth: ____/____/____

Address: _____

Suburb: _____ Postcode: _____

Contact Details:

Home: _____ Parents Work: _____

Mobile: _____ Parents Name: _____

E-Mail: _____

Have you ever participated in a referee course before? ☐ Yes ☐ No

Shirt Size _____

Please complete this form and return it via email to Carlee Hardaker at CHBA via email:
carlee@coffsharbourbasketball.com.au by Friday 27th February 2015.

Payment should accompany this form. I understand that the cost for this course is \$50.00

Signed: _____ Date: ____/____/2015
Parent/Guardian