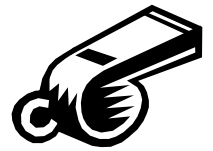




WESTERN VIRGINIA BASKETBALL OFFICIALS ASSOCIATION



Roger Ayers
Commissioner
540/915-3038
540/774-3880
(fax)
rdaref@cox.net

Owen Grogan
Associate
Commissioner
540/798-4815
ogrogan@
commonwealthgames.org

The WVBOA welcomes all new and returning officials to our association for the 2009-2010 high school basketball season. We are looking forward to working with each of you to make this season a successful one. Please complete this form and return it with all fees by **September 4, 2009 (see note on back page)**.

Full Name: _____ SSN: _____

Address: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

****Email:** _____ High School Attended: _____

Yrs. in VHSL Basketball: _____ Hours/Days Free to Work: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please contact Roger Ayers.

Schools you will not work: _____

Officials you will not work with: _____

Prefer Monthly Pay _____ or One Year-End Check _____

**ALL FEES MUST BE PAID IN FULL AT THIS TIME PER THE POLICY OF THE ACCOUNTING FIRM.
NO FEES CAN BE DEDUCTED AT A LATER DATE.**

Fee Breakdown:

Insurance - <i>required by VHSL</i>	\$11.00	(Subtract if Paid - Football ___ Volleyball ___)
State Fee	\$24.00	
Booking Fee	\$30.00	
IAABO Membership Fee	\$15.00	A portion (\$20) of this fee is sponsored by WVBOA in the first year <Total \$35>
Association Fund	\$ 5.00	
Website Fee	\$ 7.00	
Total Due:	\$92.00	

Optional Insurance* \$ 8.15 ← Check this box if you are purchasing the additional insurance

* *Through our IAABO relationship, there is additional insurance available (in addition to the required VHSL Insurance). The optional insurance coverage is summarized as follows: Liability \$4,000,000; Medical \$25,000; \$5,000 deductible with primary insurance counting as part of the deductible; also a game fee reimbursement up to \$2,000*

Total Due with Optional Insurance \$100.15

**Make all checks payable to WVBOA and mail to:
Roger Ayers, 4728 Whipplewood Drive, Roanoke, VA 24018**

(Continued on back)

My signature below indicates that I understand and agree that this application does not include any obligation from the WVBOA Commissioner for the assignment of a specific number of games.

My signature below indicates that I will abide by the WVBOA guidelines provided in the by-laws especially those related to Duties and Obligations of Active Members (Article IV - #4 & #5): *No Member will contact any School Member (including any member of administration, athletic director, or coach) concerning basketball or basketball related subjects without authorization from the Commissioner or President of the Corporation. No Member will officiate a high school, junior high school, or middle school basketball game unless assigned or approved to do so by the Commissioner or VHSL.*

Signed: _____ Date: _____

Please provide a brief description of your Summer 2009 officiating experiences (e.g., camps attended, service as an observer/evaluator):

Please provide a list of college conferences you will be officiating for during the 2009-10 season:

Note:

Please complete this form and return it, along with all fees, to Roger Ayers. If your registration is postmarked after **September 4** and before **September 30**, you will receive **NO** games for the first two weeks of the season. **No registrations will be accepted after September 30.** This will be strictly enforced!

****Email:** If you have not yet established an email address, please contact Roger Ayers to discuss the available options with you.