



**MEMORANDUM**

To: All Basketball Officials

From: Bernadette V. McGlade, Coordinator of Officials  
South Atlantic Women's Basketball

Date: January 16<sup>th</sup> , 2008

**RE: 2008 OFFICIATING EVALUATION CLINICS  
@ THE DEEP SOUTH CLASSIC**

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**2008 Deep South Classic  
Dates: April 18 – 20, 2008**

**Times:** April 18<sup>th</sup> : 9:00 am – Midnight  
April 19<sup>th</sup>: 10:40 am – Midnight  
April 20<sup>th</sup>: 9:00 am – 4:00 pm

**Location:** Campuses of: Duke University  
University of North Carolina  
North Carolina State University

**Clinic Description:**

An evaluation tournament in the triangle area of North Carolina. Officials will be assigned to games for the Deep South Classic, a recruiting tournament for division I college coaches, featuring over 110 teams from around the country. All teams are All-Star high school competitors.

The Deep South Clinic is open to ALL officials.

**Clinic Purpose:**

- To give division I college officials exposure to college level women's basketball evaluators
- To offer an opportunity for officials working non-Division I games to be seen by college level Women's Basketball Assignors
- To offer an opportunity for officials to receive immediate feedback from veteran Division I Officiating Personnel

**Equipment Needed:**

- Black & White Stripped Shirt
- Black Shorts or Pants  
(Preferably without logos)
- Black Officiating Shoes

**Clinic Includes:**

- At least three (3) officiating assignments per day
- Floor evaluations

### **Housing and Transportation:**

All officials are responsible for their own transportation, housing, and meals. **Please be aware, commuting between campuses of Duke, UNC, and NC State via I-40 can be challenging because of high volumes of traffic, depending on time of day. Please plan your travel time accordingly.**

### **Registration and Cost:**

To register, complete the attached application and return with payment to the address indicated. Full payment must be included with all applications to confirm your acceptance.

**Please note: Due to the minimum cost of SAWBO camps and clinics, application fees are NON-REFUNDABLE.**

**Once accepted into the clinic, officials should be available to work all sessions.**

Enrollment will be limited.

#### **Application Fee:**

- For current ACC / Big South / CAA / Southern Conference Officials: **\$ 125.00**
- For all other officials / applicants: **\$ 150.00**

**For any questions or concerns please contact:**

**Email:** [bhecker@theacc.org](mailto:bhecker@theacc.org)  
**Phone:** (336) 854-8787 ext. 236

**2008 SAWBO OFFICIATING CAMP APPLICATION**

**2007 Deep South Classic  
April 18<sup>th</sup> – 20<sup>th</sup>, 2008**

**PLEASE CHECK AND PROVIDE TOTAL:**

**Make Check Payable to: ACC Women's Basketball (Non-Refundable)**

\_\_\_\_\_ Current ACC, Big South CAA and/or Southern Conference Official **\$125.00**

\_\_\_\_\_ All others **\$150.00**

**EXPERIENCE LEVEL** (check one): \_\_\_\_\_ Div. I \_\_\_\_\_ Other college \_\_\_\_\_ Other exp.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: [H] - \_\_\_\_\_ [W] - \_\_\_\_\_ [C] - \_\_\_\_\_

e-mail address: \_\_\_\_\_

*Upon receipt and acceptance of your application, you will receive a message via e-mail and any pertinent information; **ALL correspondence will be done via e-mail.***

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**WAIVER & INDEMNITY**

I, the undersigned individual, agree to obtain at my expense and for my own benefit, disability, medical, hospitalization and liability insurance coverage covering myself in such amounts as I shall determine but in any event which shall be sufficient to cover and protect me from any and all injuries, damages, claims and losses which I might incur or for which I may be responsible in participating at the ACC, Big South, Southern Conference Women's Basketball Officials Evaluation Tournament(s) and in travel to and from such Tournament(s) and shall submit proof of such insurance to the Conferences. I further hereby agree to hold harmless and indemnify the Conferences, their members, their officers and employees, their Commissioner, Associate and Assistant Commissioners and its Coordinator of Women's Basketball officiating, from any and all liability for any injury damage or loss sustained as a result of my actions (or inactions) in participation at such camp and in the performance of officiating services, including without limitation, all claims for medical expenses which I may incur, or otherwise, due to my failure to obtain and/or maintain such appropriate insurance coverage.

Signature of Official: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Enclose a check made payable to **ACC Women's Basketball** to secure your position. Return this application (*please be sure to sign the medical waiver above*) and payment to:

**ACC Women's Basketball Officiating 2007  
4512 Weybridge Lane  
Greensboro, NC 27407**