

SAWBO OFFICIATING EVALUATION / TRAINING CLINIC

JULY 6TH - 9TH, 2008

LOCATION: SUWANEE SPORTS ACADEMY (SUWANEE, GA)

MEMORANDUM

To: All Basketball Officials

From: Bernadette V. McGlade, Coordinator of Officials

Date: March 18th, 2008

**RE: 2008 SAWBO OFFICIATING EVALUATION/TRAINING CAMP
@ THE SUWANEE SPORTS ACADEMY**

2008 Tournament of Champions Dates: July 6th – 9th, 2008

Schedule

July 6 th	5:00 PM – 10:00 PM
July 7 th :	8:00 AM – 10:00 PM
July 8 th :	8:00 AM – 10:00 PM
July 9 th :	8:00 AM – 10:00 PM

Clinic Description:

An evaluation/training tournament at the Suwanee Sports Academy. Officials will be assigned to games for the 17 U Tournament of Champions, a recruiting tournament for division I college coaches, featuring championship teams from around the country. All teams are All-Star high school competitors.

Camp is open to ALL officials.

Clinic Purpose:

- 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 Evaluation & Officiating Personnel
- Officials from geographic regions of the ACC, Big South, CAA & Southern Conference schools are encouraged to attend.

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 hotels and the Suwanee Sports Academy 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

Phone: (336) 854-8787 ext. 236



2008 SAWBO OFFICIATING CLINIC APPLICATION

**Suwanee Sports Academy
Suwanee, Georgia**

2008 TOURNAMENT OF CHAMPIONS

July 6th – 9th, 2008

PLEASE CHECK AND PROVIDE TOTAL:

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

_____ Current ACC, Big South CAA, or Southern Conference Official **\$125.00**

_____ All others **\$150.00**

EXPERIENCE LEVEL (*check one*): _____ Div. I _____ Other college _____ Other experience

Name: _____

Address: _____
(City) (State) (Zip)

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 thereafter; **ALL correspondence will be done via e-mail.***

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, CAA, 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
4512 Weybridge Lane
Greensboro, NC 27407**