CENTRAL ALABAMA BASKETBALL OFFICIALS ASSOCIATION
REGISTRATION FORM 2009 – 2010 SEASON

NAME: _____

SOCIAL SECURITY NUMBER:_____

ADDRESS:_____
_____ZIP: _____

HOME PHONE: _____WORK PHONE: _____

CELL PHONE: _____BEEPER NO.: _____

E-MAIL ADDRESS: _____

Please list any school(s) which you have any close ties. For example (but not limited to): relatives, school employee(s), former school employee(s), or recent school graduate(s).

_____

_____

As a condition to the offering and acceptance of any and all assignments made by Central Alabama Basketball Officials Association (CABOA), I hereby agree:

1. That this acceptance is limited to the assignments made for the 2009 – 2010 Basketball season.

2. To hold CABOA, its commissioner, its Board Members, and its membership Harmless from any and all liability for injury or damage sustained as a result of any assignment.

3. That any assignment is subject to cancellation by the commissioner when and if he/she, in his sole judgment, deems such cancellation to be in the best interest of the Association.

SIGNED: _____DATE: _____

>>>>>>>>>>>>>>>>>>>>>>>>FOR OFFICIAL USE ONLY>>>>>>>>>>>>>>>>>>>>

AHSAA REGISTRATION: ----------$40.00 AMOUNT PAID: _____
CABOA REGISTRATION----------$30.00
TOTAL: ----------$70.00 CASH____OR CHECK NO:_____