

**BPAA**  
**Basketball Referee Information Sheet**  
**(You Must Complete All Information)**

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Are you at least a High School Junior? Y / N

Note the grades that you would prefer to ref and your referee experience for each.

2<sup>nd</sup> through 5<sup>th</sup> Grades: \_\_\_\_\_

6<sup>th</sup> through 8<sup>th</sup> Grades: \_\_\_\_\_

Senior High: \_\_\_\_\_

When is it **not** possible for you to Ref? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years of referee experience: \_\_\_\_\_

Do you have children playing for BPAA? If so what grade level? \_\_\_\_\_

Please email completed application to [mn\\_draggs@comcast.net](mailto:mn_draggs@comcast.net)  
There is a mandatory referee meeting/clinic held in the beginning of September. Please refer to our website calendar for date, time and location of meeting.