2017 "The Edge Basketball Officials Camp LLC" @ University of Oregon

Camp Information: This camp is designed for any official who has the

desire to improve their officiating through positive and constructive feedback from experienced

officials, observers and coordinators. It is OCEP certified.

U of O Team Camp: The level of play will be men's high school teams 9-12,

1A-6A from OR, WA and CA. This will allow new and experienced officials the opportunity to

referee various levels.

Emphasis: Classroom instruction will emphasize 3-Person

Mechanics and will allow current high-school

officials an opportunity to strengthen

their skills for advancement.

Expectations: Each official can expect the following:

Personal Evaluations

Classroom Sessions

Guest speakers

 HS, Community College and Small College Coordinators appearance at the camp

Top Quality Evaluators with NAIA, NCAA, NWAACC and

WNBA experience

Information: Contact Chris Equinoa: Cell: 541-905-6215

Camp Dates: June 30-July 2

Starting time and ending time for the camp has not been determined by The

University of Oregon as of this time. It is expected that the 30th (afternoon) and the

2nd (early afternoon) will be partial days.

Cost: \$150.00

Registration will be limited. You can confirm your registration with full payment. Camp shirt, Drawstring Backpack and Notebook will be provided. Two meals and water will also be provided for all campers.

Uniform: Black and White Shirt, Black Shorts, Black shoes

Accommodations: Campers will be responsible for their own lodging. Negotiations are

currently on-going for a "Camp Hotel." If this becomes available, you

may secure lodging at a reduced rate.

Parking: Parking instructions are forthcoming

You may fill out the second page and send full amount by check or money order payable to:

The Edge Basketball Officials Camp LLC 2066 Chase Loop SW Albany, Oregon 97321

You may wait until registration is posted on Stripezone.com and pay by PayPal if so desired.

Registration Form "The Edge Basketball Officials Camp LLC" @ University of Oregon

Complete all of the information requested below:

First Name:	MI:	Last Name:		
Address:				
City:	St	ate:	Zip Code	
Home: ()	Work: ()	Cell: ()
Current e-mail:				
OFFICIATING INFORM	IATION:			
Number of Years of O	fficiating Experience:			
Levels: MS:HS	CCCollege	Men:	Women:	Both:
Do you have previous				
Previous Officiating Ca	amps you have attend	ed:		
1.)		2.)		
		4.)		
MEDICAL:				
I hereby authorize the Oregon State Univers attention, and hereby illness incurred by me impairment that woulthe camp retains the taken at camp. In case	ity to act for me in the waive and release the while at camp. I have d be affected by my p right to use for publici	eir best judgmer e camp from an e no knowledge earticipation in t ty and advertisi	nt in any emerg y and all liabilit of any physica he camp progr	gency requiring ty for any injuries or al or mental ram. I also understanc
		_(Cell)	(H	lome)
Name	Relation			
I certify that all inform	mation on this applica	ition is accurate	and current:	
Print Name:				
Signature:				Date: