



2007 MEAC MEN'S BASKETBALL OFFICIALS CAMP
JULY 23-26, 2007
DISNEY'S WIDE WORLD OF SPORTS COMPLEX
ORLANDO, FLORIDA

REGISTRATION FORM

Part 1: General Information

First Name: _____ MI: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home: (____) _____ - _____ Cellular: (____) _____ - _____ Work: (____) _____ - _____
 Current Email Address: _____

Part 2: Officiating Information

Number of Years of Officiating Experience: _____
 Conference Affiliation(s)/Years (s):
 (1) _____ (3) _____
 (2) _____ (4) _____
 Other Camps Attended Year (s):
 (1) _____ (3) _____
 (2) _____ (4) _____

Are you currently a MEAC Men's Basketball Official? Yes No Years in the MEAC? _____
 T-Shirt Size: M L XL XXL (circle)

Payment Method: **CAMP FEE IS \$350**
 Check Money Order
 Credit Card Type: Visa MasterCard Discover American Express
 Credit Card Number: _____ Expiration Date: _____
 Address Credit Card Bill is Sent to: _____ Zip Code: _____
 Approval Receipt Returned? Yes No

I certify that all information on this application is accurate and current

Print Name Signature Date

The 2007 MEAC Men's Basketball Officials Camp will be held in conjunctions with the AAU Under 17 Super Showcase. Disney Wide World of Sports Complex will host all games. Cost for the camp is \$350; hotel accommodations are the responsibility of the camper. Non-refundable payment of \$350 is due by May 26, 2007. Please do not submit credit card numbers via email or telephone. Place your credit card information on the registration form for processing. Please send your completed registration form inclusive of camp fee to: 2007 MEAC Men's Basketball Officials Camp: 222 Central Park Ave, Suite 1150 Virginia Beach, VA 23462.

I hereby authorize the staff of the Mid-Eastern Athletic Conference Men's Officials Camp to act for me to their best judgment in any emergency requiring attention, and hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by my participation in the camp program. I also understand the camp retains the right to use for publicity and advertising purposes photographs of officials taken at camp. In case of an emergency, please contact:

 Name Relation (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
 Home Cellular Work