## REDONDO BEACH YOUTH BASKETBALL REFEREE APPLICATION PO Box 692 Redondo Beach CA 90277-0692

Type in the blanks on-line, print out this form and return to RBYB

Referee Type:	☐ Adult New ☐ Adult Exp.
Full Name: Address: City: Home Phone: E-mail Address: Are you and adult over the age of 18? Emergency Contact:	State: Zip Code: Cell/Pager Number: Yes
REFEREE EXPERIENCE: 1. Rate your experience level: ☐ Beg. ☐	
2. CIF Certified:  Yes No	
3. Have you ever refereed basketball:   If Yes, list league(s)  Number of years: Position	
4. If you refereed for RBYB, how may se Circle all that apply: ☐ Small G ☐ American ☐ Clinic ☐ Girl	ym 🗌 Large Gym 🔲 National
5. Have you ever attended an RBYB Refer	ree Clinic?
6. Have you ever run a Score Board/Clock	?  Yes  No If Yes, Where?
7. Referee Position interested in? $\Box$ Floor	or Book Clock All
STUDENT REFEREES:  1. School attending:  2. Are you playing HS/College ball? ☐ Y ☐ College  3. Did you ever play in the RBYB league?	
DAYS AND TIMES AVAILABLE: Check Fridays-4:30-9pm Saturdays-8am-Saturdays-4-9pm Saturday-All Day Other times and exceptions:	12noon ☐ Saturdays-1-4pm y ☐ Sunday 8am-12noon
-	raining and Scrimmage day and ensure that I arrive 30 minutes before the star Parental Permission is required for all Minors under the age of 18.
Referee Applicant Signature	Date of application
Signature of Parent, if application is under	the age of 18