# Wanda Gonzalez Invitational SABOA Officials Camp 2018



## **General Information**

**When** September 15-16, 2018

Where Factory of Champions

8227 Broadway

San Antonio TX 78209

**Cost** \$125.00

There will be a cap of 36 officials so please register ASAP to hold your spot.

Uniform Black and White Official's shirt, black shorts, black socks, black shoes and black whistle.

Included in your fee are meals, snacks and water for Saturday and Sunday. Contact Mark Vear if you need lodging assistance.

The purpose of this camp will be to teach the fundamentals of NFHS approved three person mechanics to those wanting to learn and improve their knowledge of these mechanics. This camp will also provide the opportunity for individuals looking to add tools to their game and continue to improve their understanding and application of mechanics, rules and game management.

### **Camp Contact Information:**

#### **Mark Vear**

Camp Director, SABOA 210-269-6269

mvearbbref@yahoo.com

# SABOA Camp will provide:

- 3 person mechanic games
- On court/Classroom Instruction
- Video breakdown/review
- Guest speakers
- Competitive High School Games

# **2018 CAMP APPLICATION**



Please complete this page (application) and return with a check or money order (Please do **NOT** send cash) payable to SABOA and return both to: SABOA, P.O. Box 10233, San Antonio TX 78210. The camp fee is \$125 and is subject to the availability of spots and will be reserved in order received. SABOA will email you a confirmation of receipt of your application and fee. A tentative camp itinerary will be emailed to you 7 days prior to the camp. You can also drop off your application and payment to the Factory of Champions, please make arrangements with Mark Vear.

Please provide us	with the following info	ormation:	
Name:			<del></del>
Street Address:			
City:	State:	ZIP Code:	
Phone Numbers: (	(H)	(C)	<del></del>
Email Address:			<del></del>
Member Chapter:	:		
Years of 3-person	Experience:	Years of 2-person Experienc	ce: T-Shirt Size
Levels Officiated:	JH/MS Sub-Var	sity Varsity Co	ollege
Should you need i	more information plea	se contact: Mark Vear210-269	-6269 or email mvearbbref@yahoo.com
physical condition	or impairment that we camp staff with my a	ould affect me safely participat	urthermore, I state that I am not aware of any ting in the camp and if I have any said impairment, apairment so as they may accommodate or be
Signature		<del></del>	Date
Print Name			
For Camp Staff Us	e:		
Application/Fee	Received Date:		
Fee	Check Mone	y Order Amount Rec	eived: \$
T-Shirt Size:	Years of 2-	person Experience	Years of 3-person Experience: