

Texas Association of Sports Officials

Basketball Division

YEAR

Officiating Record Of:

LAST NAME	FIRST NAME	MI
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
STREET ADDRESS		TASO ID
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CITY	STATE	ZIP
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
CHAPTER AFFILIATION	PHONE	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

If meetings attended are not those of the above Chapter affiliation, give the name of group conducting meeting and location of meetings attended below.

Group: Location:

Summary of Seasons Work

STATE MEETING 25 POINTS	REGIONAL CLINIC 15 POINTS Max 1 per year	TASO APPROVED CAMPS 5 POINTS EACH Max 2 per year	TEST SCORE POINTS 100-90=8 89-80=4 79-70=2	DISTRICT MEETING 2 POINTS EACH Max 2 per yr.	SUB TOTAL MAXIMUM OF 60 POINTS

SCRIMMAGES 2 POINTS for Each 3 Hours Plus 1 pt. each additional hour	JUNIOR HIGH (7th-8th grades) .5 POINTS EACH	SUB-VARSITY GAMES 1 POINT EACH	VARSITY GAMES 2 POINTS EACH (4yr & 2yr college and military games)	SUB TOTAL

I certify that the above information is true and correct.

Signature of Official _____

Date _____

TOTAL SEASON POINTS
<input style="width: 100%;" type="text"/>

As Secretary and/or President of the above Chapter, I approve the data as an accurate account of this officials' work.

Signature of Secretary

President

Date _____