

BASKETBALL OFFICIALS MENTORING VOUCHER

South Dakota Basketball Officials Association
Sports Officials Advisory Council

Date game worked: _____

Teams involved in game: _____

What level: _____

New Official

Name: _____

Address: _____

City/Zip: _____

Mentor's Name: _____

Mentor's Address: _____

City/Zip: _____

Prospective official works a game (\$50)

SIGNED BY: _____ Date: _____

(Mentor)

Send to:

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