



**TOP NOTCH/MOA ASSOCIATIONS  
NATE HUMPHREY MEMORIAL  
OFFICIALS BASKETBALL CAMP  
REGISTRATION  
2024**

PLEASE PRINT

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

**TOTAL YEARS EXPERIENCE** \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ JUNIOR COLLEGE \_\_\_\_\_ NAIA \_\_\_\_\_

COLLEGE DIV 3 \_\_\_\_\_ COLLEGE DIV 2 \_\_\_\_\_ COLLEGE DIV 1 \_\_\_\_\_

**WAIVER**

I hereby agree that I have had a physical examination in the past year and agree that I am presently in good physical condition. I also agree that I will not hold the Top Notch/MOA Officials Basketball Camp, its' agents or staff, responsible for any accident or illness which I may incur while participating in the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to **TOP/NOTCHMOA OFFICIALS BASKETBALL CAMP**

or

**ZELLE to Pamela Young (Call for sending information)**  
**CASH APP to Kevin White (Call for sending information)**

**(A photo receipt will be sent)**

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

PAID \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ INITIALS \_\_\_\_\_