



Maryland Basketball Officials Association

**Basketball Officials
Camp
June 10th, 11th, & 12th
2022**

in conjunction with
U.S. Naval Academy
Men's Basketball
Boys' Varsity Team Camp



MBOA Camp
C/o Chris Miller
2560 Snow Hill Ct
Waldorf, MD 20602

MBOA CAMP
C/O CHRIS MILLER
2560 SNOW HILL CT
WALDORF, MD 20602



I hereby authorize the staff of the Maryland Basketball Officials Association in conjunction with the Naval Academy's Men's Team Camp to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at the camp. I have no knowledge of any physical impairment that would be affected by my participating in the camp program, as outlined in the brochure. I also understand that the camp retains the right to use for publicity and advertising purposes photographs of officials taken at the camp.

Signature: _____ Date: _____

Camp Overview

Wesley Brown, U.S. Naval Academy
Santee Rd Annapolis, MD 21401

Friday, June 10, 4:00 P.M.

- * Class Instruction:
 - Attacking the Rulebook
 - Play Calling Guidelines
 - Breaking down 3-person mechanics & floor positioning
- * Officiate 7:00–10:00 PM
- * Dinner provided

Saturday, June 11, 7:30 A.M.

- * Classroom instruction
- * Film Breakdown
- * Officiate 10:00 AM–10:00 PM
- * Lunch & Dinner provided

Sunday, June 12, 7:30 A.M.

- * Officiate 8:00 A.m.– 1:00 P.M.
- * Film Breakdown



Camp Focus

- * Hands-on Instruction
- * Refine officiating skills
- * Pregame Overview
- * Improve rules-knowledge
- * Play-calling
- * Communication
 - Coach
 - Player
 - Partners
- * Crew dynamics
- * Dribble-drive refereeing
- * Game management
- * Receive hands-on instruction
- * Immediate feedback

Cost

\$125	MBOA member
\$150	Non-MBOA member

Contact

mboacamp@gmail.com

www.mboarefs.com

Registration Form

Make checks payable to Maryland Basketball Officials Association

Name _____ D.O.B. ____/____/____
Street Address _____ Years Experience ____
City _____ State _____ Zip Code ____
Home Phone _____ Cell _____
Email Address _____
Emergency Contact: _____
Name _____ Relationship _____
Home Phone _____ Cell _____