

# Nepean Blue Devils Basketball Association

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## Referee Application Form

Applicant's Last Name:		Applicant's First Name:	
Street Address:			
City:	Province:	Postal Code:	
Home Phone #:	Email:	Cell Phone:	
Have you previously had a position with the Nepean Blue Devils Basketball Association? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Position(s) Held:		Year(s):	
Did you play basketball for the Nepean Blue Devils Basketball Association? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, how many year(s):			
Are you applying for community service hours? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Your application package should be submitted to:  
 Heather Sheahan, General Manager  
 Nepean Blue Devils Basketball Association  
 Suite 405 - 900 Greenbank Road  
 Nepean, ON K2J 4P6

Or:

Email: [heather.sheahan@nepeanbluedevils.ca](mailto:heather.sheahan@nepeanbluedevils.ca)

### FOR OFFICE USE ONLY:

Date Received:			
Interviewed/Hired by:	Comments:		
Start Date:	Rate of Pay:		