Texas Association of Sports Officials

Basketball Division

YEAR

Officiating Record Of:

LAST NAME | FIRST NAME | MI

STREET ADDRESS | TASO ID

CITY | STATE | ZIP

CHAPTER AFFILIATION | PHONE

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 EACH 3 HOUR SCRIMMAGE		JUNIOR HIGH (7th-8th grades) .5 POINTS EACH		SUB-VARSITY GAMES 1 POINT EACH		VARSITY GAMES 2 POINTS EACH		SUB TOTAL
	+		+		+		=	

=

I certify that the above information is true and correct

TOTAL SEASON POINTS

Signature of Official **Date**

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**