

**Litchfield County Board No. 7 Basketball Officials**  
*Member of the International Association of Approved Basketball Officials*  
300 Hill Road Harwinton, CT 06791

**APPLICATION FOR MEMBERSHIP: PLEASE PRINT NEATLY**

NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
(full first name, middle name, last name) (or original name if changed)

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

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I hereby acknowledge that I am at least 18 years of age and submit this application for membership to the International Association of Approved Basketball Officials and Litchfield County Board #7. I request the opportunity to take the written rules examination on the last Monday in November. It is my understanding that if I pass the written examination with a grade of 86% or higher I then must participate in the evaluation and training process on dates to be determined. I have signed the CIAC required background check consent form on the next page. I certify all of my personal information is true, and that I consent to a personal interview upon request.

SIGNATURE \_\_\_\_\_

An application fee of \$140 is payable in full by October 1<sup>st</sup> with this application and includes clinic fees, test fee, rulebook, handouts and administrative fees for THIS SEASON.

Dues for THE FOLLOWING SEASON (\$110) will be due February 1<sup>st</sup>, and 7% of your total GAME FEE will be due March 1<sup>st</sup>.

Please make checks out to IAABO Board #7 and send it in with your completed application to:

Bob Ferrarotti  
300 Hill Rd  
Harwinton, CT 06791

Telephone **860.689.1000**  
[bferrarotti1@gmail.com](mailto:bferrarotti1@gmail.com)



TO: Current High School Sports Officials and New Candidates

FR: Joe Tonelli, CIAC Director of Officials

DT: June 17, 2010

Thank you for your interest in officiating high schools sports in Connecticut. Officials serve an important role and contribute significantly to the integrity of high school competition. Please be advised that effective for the 2011 – 2012 school year, all current officials and new candidates must be cleared through a CIAC background check to be placed on the approved list, from which member schools must obtain officials.

Thank you for your cooperation in reading and signing the CIAC background check consent form below and returning it to your local board.

### CIAC BACKGROUND CHECK CONSENT FORM

By signing this consent form, I acknowledge that I will be subject to a criminal background check. I understand that if I choose not to sign this consent form, I will not be included in the approved list of officials authorized to officiate high school sports in Connecticut. I further understand that it may be necessary for CIAC to disclose information regarding my criminal history to the commissioner or designee of my local board.

Print Name (First, Middle, Last) \_\_\_\_\_

Maiden/Former Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_