



# West Los Angeles Basketball Officials Unit

2024 – 2025 Officials Registration Form

Please type or print clearly

**NO ASSIGNMENTS WILL BE CONSIDERED UNLESS YOU ARE A MEMBER IN GOOD STANDING**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Did you attend a Los Angeles City High School?  Yes or  No If yes, which one?: \_\_\_\_\_

Do you have affiliations with any of the high schools in the Los Angeles City Section?  Yes or  No. If Yes, what is your affiliation? \_\_\_\_\_

Are you a returning member to the West Los Angeles Unit?  Yes or  No

Do you declare West L.A. Unit for playoffs?  Yes or  No If No, what unit do you declare? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes or  No  
If yes, please explain: \_\_\_\_\_

Have you ever been registered for any offense un 290 CPC, sexual offender registration (or equivalent) penal code?   
Yes or  No. If yes, please explain: \_\_\_\_\_

### Membership dues for 2024 – 2025 Basketball Season are as follows:

August 20, 2024 – September 24, 2024    Registration Opens: \$150  
1<sup>st</sup> Year/2<sup>nd</sup> Year                                \$125  
(No prior experience)

\* Fees will cover instruction, instructional materials and unit expenses and does not guarantee game assignments

Please mail completed registration and check to: **WEST LOS ANGELES UNIT, P.O. BOX 191037, LOS ANGELES, CA 90019** or email your completed forms and **Zelle payment to: [wlaofficialsunitsecretary@gmail.com](mailto:wlaofficialsunitsecretary@gmail.com)**. Cash payments will not be accepted via mail.

I, \_\_\_\_\_, understand that as an Independent Contractor, I am required by the West L.A.

\_\_\_\_\_  
PRINT YOUR NAME

Unit to have Sports Liability Insurance and a member in good financial standing (dues paid in full) the REQUIRED Sports Liability Insurance will be included with my membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Method of Payment: Cash  Check  \_\_\_\_\_ Check # \_\_\_ Kit Number: \_\_\_\_\_  
\_\_\_\_\_ Zelle (payable to): wlaofficialsunitsecretary@gmail.com