



INDIVIDUAL REFEREE INFORMATION FORM

Please complete both sides of this form in **BLOCK CAPITALS**

1. Referee's personal data

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	FIBA Licence No.:	
Family (last) name:				
First (given) name:				
Date of birth:	Day:	Month:	Year:	
Home address	Street:			
	City:			
			Postcode:	
Telephone:	Private	country code	city code	number
		(-)		
	Office	country code	city code	number
		(-)		
Mobile phone:	Private	country code	city code	number
		(-)		
	Office	country code	city code	number
		(-)		
Fax:	Private	country code	city code	number
		(-)		
	Office	country code	city code	number
		(-)		
E-mail:	Private			@
	Office			@
National Federation of:				

(Date)

(Referee's Signature)

Please turn over→

2. Clothes sizes:

Please circle where applicable:

<i>Shoes</i>														
USA	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12	13
UK	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12
EUR	38	38.5	39	40	41	41.5	42	42.5	43	44	44.5	45	46	47

<i>Shirts</i>						
USA	S	M	L	XL	XXL	XXXL
EUR	42/44	46/48	50/52	54	56	58

<i>Trousers</i>						
USA	S	M	L	XL	XXL	XXXL
EUR	42/44	46	48/50	52/54	56	58

<i>Jackets</i>					
USA	S	M	L	XL	XXL
EUR	44/46	48	50/52	54/56	58

3. Referee biography:

Family (last) name:	
First (given) name:	
Nationality:	
Country of residence:	
Date of birth:	Day: Month: Year:
Height (in cm):	
Weight (in kg):	
Education (highest degree):	
Profession:	
Marital status:	
Languages spoken:	
Former basketball player:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former basketball coach:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former basketball manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinic for International FIBA Referee Candidates successfully passed	
	Country/City Date(Day-Month-Year)
Most recent Refresher Clinic for International FIBA Referees successfully passed	
	Country/City Date(Day-Month-Year)