

EASTERN MAINE BOARD OF APPROVED BASKETBALL OFFICIALS)

BOARD #111

PRE-SEASON WORK REPORT 2014-2015

NAME: _____ **DATE:** _____

Pre-season Fitness/Workout Program (a summary of your participation)

Rules Study, Meetings, Clinics, Small Group “get togethers” (a brief report)

Scrimmages (a list of dates and places worked)

Results of Timed 1 ½ mile run: TIME: _____

Date of last Physical Exam_____ Date of last Eye Exam_____

(Please include month & year for physical exam & eye exam)

Reminder: Report is due by **December 1.**

Please return this sheet to the Board Secretary.

Mr. John A. Doe
PO Box 341
East Millinocket, ME 04430