

**South Australian Country Basketball Council Inc.**

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## Referee Advisor Nomination form

Nomination for the position of Referee Advisor (Council Executive):

**Nominee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**Nominator:**

Association: \_\_\_\_\_

President name: \_\_\_\_\_

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary/Administrator name: \_\_\_\_\_

Secretary/Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Executive Officer**

**SA Country Basketball Council Inc.**

**PO Box 29**

**FINDON SA 5023**

**Email [eo@sacbci.com.au](mailto:eo@sacbci.com.au)**