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**NEW YORK STATE GIRLS BASKETBALL  
OFFICIALS ASSOCIATION, INC.**

**TRANSFER FORM FOR NYSGBOA**

NAME OF OFFICIAL \_\_\_\_\_

PRESENT BOARD AFFILIATION \_\_\_\_\_

YEARS OF OFFICIATING EXPERIENCE \_\_\_\_\_

YEARS OF OFFICIATING EXPERIENCE WITH PRESENT BOARD \_\_\_\_\_

PRESENT RATING: High School level \_\_\_\_\_ College \_\_\_\_\_  
(Varsity, Jr. Varsity, Jr High)

STRENGTHS \_\_\_\_\_

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WEAKNESS \_\_\_\_\_

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COMMENTS \_\_\_\_\_

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BOARD OFFICIAL WISHES TO TRANSFER \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

DATE, OFFICE AND SIGNATURE OF PERSON COMPLETING TRANSFER FORM

\_\_\_\_\_

(date)

(President, Secretary, Assignor, Other Position)