IHSA Certified Clinic Application - Level 2 Clinic (Basketball Only)

This application must be accompanied by any materials used to promote the clinic. This could include items like flyers/brochures, emails, or web links. The completed application and promotional materials must be turned into the IHSA Office no later than 30 days before the start of the clinic. Requests made less than 30 days may not be approved. The fields in this form will accept a cursor and can be filled out prior to printing.

Please submit clinic flyer along with a list of all the schools participating in the event connected with this clinic.

Sport Basketball		Clinic Location			
Contact Name	Associatio	on/Organization Affiliation			
ID #		Clinic/Camp Dates			
Contact Email		Clinic Time			
Contact Phone	Cli	nic Cost (Assoc. Member)	Clinic Cost (Non-Member)		
			Approximate # of Attendees:	Level 2	
IHSA Certified Clinicians		Clinic Staff (must be on staff for duration of clinic)			
1.	ID #	1.		ID #	
2.	ID #	2.		ID #	
3.	ID #	3.		ID#	
4.	ID #	4.		ID #	

4. 5.

Level 2 Required Topics

Time Allotment (mins):

ID #

- 1. Conflict Resolution
- 2. Mechanics
- 3. Sport-specific Level 2 PowerPoint

ID #

- 4. Video Clip Review
- 5. Game/Management (if Basketball Minimum 3-person games worked required)

Total Time Allotment for Required Topics:

Optional Topics

- 1. Fitness Preparation, Testing
- 2. Assignments
- 3. On Field/Court Time
- 4. Preventative Officiating
- 5. Review State Terms & Conditions
- 6. Misc. Items (please specify)

Total Time for Classroom Instruction prior to Officiating Contest:

Total Time for Clinic:

1. Will there be classroom instruction on 3-person mechanics before any attendee works a contest associated with the clinic? Yes No If 'Yes', please complete the questions below.

2. How many games are attendees to this clinic expected to work?

3. Describe what feedback, if any, will be provided to attendees after games worked and how that feedback will be given.

4.

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Is there any other fee an attendee will pay to be a part of this clinic, other than the registration fee listed on this application? If so, what is that fee? To whom will that additional fee be paid?