

# NORTHEAST OFFICIALS ASSOCIATION



PAR59, LLC.

Post Office Box 1242

Elizabeth City, North Carolina 27906

Mobile: 757-876-6839 Email: [bjcofield59@gmail.com](mailto:bjcofield59@gmail.com)

## 2025 – 26 OFFICIALS REGISTRATION/CONTRACT

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Cell# : \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Are you interested in officiating Middle School games in Pitt County? \_\_\_\_\_

**Registration Fee is \$ 105.00 Deadline for Registration...September 30, 2025**

**Late Fee \$ 25.00 Contracts received after September 30, 2025**

I agree to serve as an independent contractor with respect to any assignment I may accept. Furthermore, I agree to hold the Regional Supervisor of Officials of the Northeast Officials Association (NEOA) harmless and free from all liability or damage sustained as a result of any assignment. I hereby certify that I am in good physical and mental condition to officiate games that I may be assigned. I understand and agree this registration/contract is for one (1) season and will terminate at the completion of the NCHSAA Basketball State Championships. Furthermore, I understand this registration/contract does not carry any obligation on the part of the NOA or the **Regional Supervisor for a specific number or type of games assignment(s)**. Any assignment I receive is subject to cancellation by the Regional Supervisor if he deems such cancellation to be in the best interest of the official or NEOA. Any assignments returned and/or declined after the assignment has been published are subject to a \$25.00 cancellation fee per returned assignment, payable within three (3) days of returned assignment. All changes to game assignments will come through the NEOA's Regional Supervisor. Officials are not permitted to make changes to game assignments. By signing below, I agree I have not been convicted of a felony. I further agree if I am charged with a felony, I will notify the Northeast Officials Association Regional Supervisor immediately.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENTS CAN BE MADE THROUGH DRAGONFLY**

**NOTE: MUST SUBMIT FORM EVEN IF YOU PAY THROUGH DRAGONFLY**

**CHECK PAYABLE TO:**

**PAR59, LLC**

**Post Office Box 1242**

**Elizabeth City, North Carolina 27906**