



INTRA-CLUB TRAINING SESSION APPLICATION

Hosting Team: _____

Age Group: _____

Gender: Male Female

Coach: _____

Invited Team: _____

Age Group: _____

Gender: Male Female

Coach: _____

Training Date: _____

Time: _____

Location: _____

Do you require a referee to be assigned by the Club? YES NO

To follow up on referee assignment, contact Jackie Hinde,
referees@newmarketsoccer.com

For Office Use Only

Approval Signature: _____ Date: _____