



## NSC ENTRY LEVEL REFEREE CLINIC APPLICATION - 2009

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

**In order to attend the Entry Level Referee Clinic the participant MUST be 14 years of age as of March 31, 2009.**

- |                          |  |                                |
|--------------------------|--|--------------------------------|
| <input type="checkbox"/> | Entry Level Referee Course   | Date: March 28-29, 2009        |
| <input type="checkbox"/> | Entry Level Referee Course   | Date: April 18-19, 2009        |
| <input type="checkbox"/> | Referee Uniform Package (\$50.00)<br>(Shirt, shorts, socks, cards, notebook) | Size: Adult Large/Medium/Small |

Will you be playing soccer in 2009?  YES  NO

What age /division/league are you playing in? \_\_\_\_\_

What age/division/league are you coaching? \_\_\_\_\_

What days are you available to referee?

Sun  Mon  Tue  Wed  Thurs  Fri  Sat

List the dates when you will be unavailable due to holidays and special events (exams, team practices, tournaments, etc.)

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

*Please return this form to the Newmarket Soccer Club, 26 Wilstead Drive, Newmarket, Ont.  
Attention: Jackie Hinde, Club Head Referee, [referees@newmarketsoccer.com](mailto:referees@newmarketsoccer.com)  
(905) 836 - 8761 ex 26 or (905) 505 - 0701(after hours)*