



NSC ENTRY LEVEL REFEREE CLINIC APPLICATION - 2010

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, 2010.

- | | | |
|--------------------------|--|--------------------------------|
| <input type="checkbox"/> | Entry Level Referee Course | Date: April 17-18, 2010 |
| <input type="checkbox"/> | Entry Level Referee Course | Date: May 8-9, 2010 |
| <input type="checkbox"/> | Referee Uniform Package (\$50.00)
(Shirt, shorts, socks, cards, notebook) | Size: Adult Large/Medium/Small |

Will you be playing soccer in 2010? YES NO

What age /division/league are you playing in? _____

What potential conflicts do you have, i.e. siblings who play, parents who coach?

What days are you available to referee?

Sun Mon Tue Wed Thurs Fri at

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

Date: _____ Signature: _____

*Please return this form to the Newmarket Soccer Club, 800 Mulock Drive, Newmarket, Ont.
Attention: Jackie Hinde, Club Head Referee, referees@newmarketsoccer.com
(905) 836 - 8761 ex 26 or (905) 505 - 0701(after hours)*