

# SASKATOON & DISTRICT SOCCER REFEREES ASSOCIATION INC.

## Entry Level Clinic Registration Form

Name

Address

City

Postal Code

Telephone #

E-mail

Date of Birth

Age

Male

Female

Clinic      SSR (U12/13)       YR (U14/15)       DR (16 & up)

Fee Paid

Cash

Cheque

Cheque #

Name on Cheque

- For latest Entry Level Clinic details refer to our website
- Bring the completed form to pre-registration, as per details, with appropriate fee. (Forms are also available at pre-registration)
- For further information contact Frank Laterza for any questions.

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**SASKATOON & DISTRICT SOCCER REFEREES ASSOCIATION INC.**

Received From \_\_\_\_\_

Sum of \_\_\_\_\_

Date \_\_\_\_\_ Received By \_\_\_\_\_