 **Saskatoon & District Soccer Referees Association Inc.**

**Membership Registration Form**

Name:

Address:

City:

Postal Code:

Telephone #:

Email Address:

Date of Birth: / / / Male Female

Day Month Year

Referee Classification : YR DR RR PR Other:

Signature: Date:

**Thank-You!**

**For Registering with Saskatoon & District Soccer Referee Association Inc.**

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