

Codiac Soccer Inc.

REFEREE APPLICATION / DEMANDE POUR ÊTRE ARBITRE

(Print Clearly/Imprimer de façon lisible)

NOTE: Applicant must be 13 as of June 1, 2010

Last Name/Nom de famille _____ First Name/Prénom _____

Address/Adresse: _____

City/Ville: _____ Postal Code/Code Postal: _____

Home Phone/Téléphone à la maison: _____ E-Mail/Courriel: _____

Date of Birth / Date de naissance: _____ Gender / Genre: M _____ F _____

Parent/Guardian/Tuteur: _____

A - Have you taken the Soccer Referee's Course Yes ___ No ___ Year _____

B A list of dates for Referee Clinics- Will be announced at a later date.

For more information call Ron Duguay at 854-0011.

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