

Codiac Soccer Inc.

REFEREE APPLICATION / DEMANDE POUR ÊTRE ARBITRE

(Print Clearly/Imprimer de façon lisible)

NOTE: Applicant must be 12 as of June 1,2007

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 _____
- NOTE: You must register with Soccer NB to be eligible.

B Following is the list of dates for Referee Clinics- May 7, 14, 21, 28 & June 4, 7:00PM-9:30PM.

- Cost of the clinic is \$60.00, due at the time of registration at the clinic.
- Location will be made available at a later date.

For more information call Ron Harwood at 383-1839.