

# 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.