

# Saskatoon and District Soccer Referees Association

## 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

\*If sent by email you will be contacted to arrange payment

Cheque #

Name on Cheque

- Please send completed form to Brian Smith at [b\\_m\\_smith@shaw.ca](mailto:b_m_smith@shaw.ca) or call 280-6557 for any questions.
- Once registration is submitted you will be contacted to arrange payment and delivery of course materials.
- For clinic details refer our website at [www.saskatoonsoccer.com](http://www.saskatoonsoccer.com)  
[SDSRA Tab]

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**SASKATOON & DISTRICT SOCCER REFEREES ASSOCIATION**

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

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

Date \_\_\_\_\_

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

Comments