

# Saskatoon and District Soccer Referees Association

## Membership Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth      Day      Month      Year      Age      \_\_\_\_\_

Male            Female     

Class      SSR      YR      DR      RR      PR      Other  
                              \_\_\_\_\_

**Please send completed form to [Brian Smith](#)**