Referee Clinic Registration

Last Name	
First Name	
Middle Initial	
Address	
City & State	
Zip	
E-Mail Address	
Home Phone	
Cell Phone	
Gender	
Date of Birth mmddyy	
Country of Birth (e.g. USA)	
Country of Citizenship	
Current USSF Referee Grade Level	
Date Attained Present Grade mmddyy	
USSF ID No. (16 digit)	

Recreational course on August 15, 2010 $50
Castine Center conference rooms

Bridge course on August 22, 2010 $50
MSC Office

GO TO WWW.LSA-SOCCER.ORG, CLICK ON THE RISK MANAGEMENT BUTTON ON THE LEFT SIDE. COMPLETE THE DISCLOSURE FORM. PARTICIPANTS 17 YEARS AND YOUNGER MUST COMPLETE THE YOUTH DISCLOSURE, PRINT AND SUBMIT THE FORM WITH THE REGISTRATION FORM INCLUDING PAYMENT.