

## Referee Clinic Registration Form

**SYSL Referee Clinics**

**730 McKinley Avenue**

**Woodland, CA 95695**

To register for a clinic, **ALL ITEMS BELOW MUST BE COMPLETED**:

1. Send a \$60.00 check made payable to SYSL
2. Include *a stamped, self-addressed envelope*
3. Include the completed bottom half of this form with the above items
4. Mail form, check, self-addressed stamped envelope to the address listed above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Your Club Affiliation: \_\_\_\_\_

Desired Clinic: *(check one)*

August 12, 14, 19 & 21 (T & TH) Parkway Soccer Club

August 26, 28, & Sept. 2, 4 (T & Th) Land Park Soccer Club

Applicants will be notified of their acceptance into the selected clinic seven days prior to the actual course start date. Directions to the clinic location will be provided