CYSA DISTRICT 5 <u>RECREATIONAL REFEREE CLINIC</u> REQUEST FORM

Please PRINT all information CL FARLY

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G	LINIC	SCHEDUL	E AND	LUCATION	CONSIDER	AHUNS:

REQUIR				~ <i>,</i>	Two day				
	ED FACILITIE	S:							
• F	Tables and Chairs, or Desks Projector Screen Nearby marked Soccer Field (half-field can suffice)								
а	an instructor fo	or your class.	es, a first and a s	second choice, t	to increase the likelihood of finding				
	FIRST CHOIC SESSION #	E: DATE	START TIME	END TIME	LOCATION NAME*				
	1								
	2								
	SECOND CHOICE:								
	SESSION#	DATE	START TIME	END TIME	LOCATION NAME*				
	1								
	2								
S	STREET ADD	RESS							
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and travel expenses. If the instructor needs to stay overnight because of distance traveled, the league will also provide the instructor's lodging. In this case, the District covers transportation.

Please advise how many students are expected so that adequate supplies can be provided: _____

At the end of the clinic, before the referees can be registered and badges awarded, two league checks are required. The first check is payable to CYSA District 5 for \$15.00 per student to cover books, badges and other associated expenses. The second check is payable to CNRA for \$40.00 per student to cover the cost of registering the referees. These checks must be given to the instructor after the exam, on the last day of the clinic.

Send the Clinic Request Form and CNRA Check (\$200.00) to: Send a *COPY* of the Clinic Request Form to:

Steve Larsen, D5 Referee Administrator **PO Box 988 Sebastopol, CA 95473-0988**

Cheri Hardaway, D5 Commissioner 1387 Cass Road Santa Rosa, CA 95407-7733