



2010 Referee Certification Clinics:

Days

Host Club

Desired Clinic: *(check one or highlight)*

August 10, 12, 16, 17 & 19

(Tu, W, M, Tu, Th)

Land Park Soccer Club

You must attend all five class dates for a total of 19 hours of instruction!

To register for a clinic, ALL ITEMS BELOW **MUST** BE COMPLETED AND MAILED TO (SEE BELOW):

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 (please print in capital letters)
4. Mail the form, check, self-addressed stamped envelope to the address listed below.
5. It is possible to email me this form **completed**, and also **send a paper copy** (it would save me time)

LAST NAME, FIRST NAME: _____

AGE: ____ DATE OF BIRTH: MONTH, DAY and YEAR _____

ADDRESS: _____

CITY: _____

STATE: CALIFORNIA ZIP CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS:

WHAT CLUB ARE YOU AFFILIATED WITH: _____

Please mail to:

**SYSL Referee Clinics
730 McKinley Avenue
Woodland CA 95695**

Applicants will be notified of their acceptance into the selected clinic seven days prior to the actual course start date. Class size will be around 30 students. Directions to the clinic location will be provided.