

APPLICATION FOR REFEREE CLINIC

A Separate Form and Bond Check must be completed for each clinic requested



Sponsoring Organization _____

Clinic Location Address: _____

City _____ Colorado Zip Code _____

Name of Representative (on-site) _____ Phone _____

e-mail address _____

CLINIC INFORMATION:

TYPE OF CLINIC REQUESTED:

- Recreational Entry Grade 9 (9 Hour) (1 or 2 days)
- Bridge - Grade 9 to 8 Upgrade (9 Hour) (1 or 2 days) Minimum age, 14 yrs or older
- Entry Grade 8 (17 Hour) (3 or 4 days) Minimum age, 14 yrs or older

DATES AND TIMES OF CLINIC:

Date _____ Time (from - to) _____

Date _____ Time (from - to) _____

Date _____ Time (from - to) _____

Date _____ Time (from - to) _____

FACILITY REQUIREMENTS:

Attendance Cap _____ *Min # for Front Range/North/South is 20*

Room Capacity _____ *Min # for Mountain Areas is 8*

ADMINISTRATIVE ITEMS:

Check Number _____ Date Application Received _____

Enclosed Bond Amount _____ Date on Website _____

Application and Bond Check must be received no less than 30 days before clinic date.

Mail to the SRA at the address on the instructions.

Separate Checks are required for each individual clinic.

Acknowledgements

- I have read all the Clinic Application Instructions and terms required in order to schedule a clinic.
- I agree to have the identified sponsoring organization representative on site during the clinic to lock/unlock the facility, collect registration payments and to monitor students during the class sessions. The sponsoring organization is responsible for the safety and well-being of participants during the entire class session(s).
- If a clinic is cancelled after being publicized and less than one (1) week prior to the scheduled date: \$100 of the bond will be retained from the refund.

Application will not be processed without Name of Representative (on-site), acknowledgements, signature and date

Sponsoring Organization

Date