



USSF REFEREE CLINIC INSTRUCTOR'S WORK SHEET: DUE 24 HOURS FROM CLINIC COMPLETION

Date: _____ Place: _____

Clinic Type (**A SEPARATE SHEET FOR EACH CLINIC TYPE**): Recertification 5 hr _____ Advanced Referee Education _____

Assignor Recertification _____ Assessor Recertification _____ Instructor Recertification _____

LOCATION _____ Contact Person _____ # Phone _____

- 1. Lead Instructor _____ Hours Taught (do NOT include set up) _____
- 2. Instructor _____ Hours Taught (do NOT include set up) _____
- 3. Instructor _____ Hours Taught (do NOT include set up) _____
- 4. Instructor _____ Hours Taught (do NOT include set up) _____

Date Held: 1st Session _____ / _____ / _____ # Hours _____ #Attendees _____
 2nd Session _____ / _____ / _____ # Hours _____ #Attendees _____
 3rd Session _____ / _____ / _____ # Hours _____ #Attendees _____
 4th Session _____ / _____ / _____ # Hours _____ #Attendees _____

RECERTIFICATION Clinic: # Attending _____ # Taking Exam _____ **INDIVIDUAL CHECKS for recerts**

Recert Fees:	Grade 8/9 (\$40.00 + \$13.00 = \$53.00) # paid @ \$53 _____ = Total \$ _____
	Grade 8/9 - <u>ON LINE</u> - # paid @ \$53 _____ = Total \$ _____
	Grade 7 (\$45.00 + \$10.00 = \$58.00) # paid @ \$58 _____ = Total \$ _____
	Grade 7 - <u>ON LINE</u> - # paid @ \$58 _____ = Total \$ _____
	Grade 6, 5 # paid @ \$78 _____ = Total \$ _____
	Grade 6, 5 - <u>ON LINE</u> - # paid @ \$78 _____ = Total \$ _____
	All Emeritus Grades # paid @ \$78 _____ = Total \$ _____
	Emeritus Grades - <u>ON LINE</u> # paid @ \$78 _____ = Total \$ _____
	Grade 8 Indoor (Futsal) # paid @ \$45 _____ = Total \$ _____
	Assignor Grade 8 # paid @ \$20 _____ = Total \$ _____
	Assessor Grade 9 # paid @ \$40 _____ = Total \$ _____
	Assessor Grade 7 # paid @ \$45 _____ = Total \$ _____
	Assessor State 6/5 # paid @ \$75 _____ = Total \$ _____
	Instructor Grade 9 # paid @ \$40 _____ = Total \$ _____
	Instructor Grade 7 # paid @ \$45 _____ = Total \$ _____

Miscellaneous (Describe) _____ @ \$ _____ = \$ _____ = Total \$ _____

BOND CK# (If known) and/or BOND AMOUNT _____ \$

MAILING FINAL CHECK _____ TOTAL MONEY ENCLOSED WITH REGISTRATIONS \$ _____

NOTE: MAKE CHECKS PAYABLE TO: SRA (State Referee Administrator)

RETURN ALL PAPERWORK AND MONIES TO REGISTRATION ADMINISTRATOR (Christel Yant)

QUESTIONS? CALL CHRISTEL @ 303-881-1101 OR CHUCK @ 970-248-1478 W RECORD ANY COMMENTS ON THE BACK OF THE PAGE

MAIL TO: SRC c/o Christel Yant PO Box 495, Wheat Ridge, CO 80034