

OHIO NORTH STATE REFEREE COMMITTEE
CLINIC REQUEST FORM

District Clinic name - maximum 12 characters

note - District must be three letter designator AKR, CAN, CLE, FIR, MAN, TOL, or YNG

Start date End date Enter date in mm/dd/yy format

Location - example Tri-C west, First Place Bank, Etc.

Address City
ZIP

Maximum class size

Contact name
Contact's E-mail
Contact's Phone Number

Clinic start time Enter time in hh:mm format - include am or pm
Clinic finish time

Check only one: Novice Bridge Recertification

Additional local fee, if any \$ Note: do not include novice clinic fee of \$15 per participant paid to OHN which is automatically added to registrant's bill

Clinic Description - Include any additional information that you want to be shown on the USSocccer web site such as room number, checks made payable to, etc.

Sponsoring organization

Person requesting clinic
E-mail address
Phone number
Cell phone

Was a sponsorship form sent to the SDI? (novice clinics only)

Lead Instructor

CLINIC REQUEST FORM MUST BE SUBMITTED TO BARRY BROOKS A MINIMUM OF 3 WEEKS PRIOR TO START OF CLINIC AT BEBrooks@AOL.COM