

## CYSA DISTRICT 5 ENTRY LEVEL REFEREE CLINIC REQUEST FORM

### CLINIC SCHEDULE AND LOCATION CONSIDERATIONS:

Each of the four weeknight sessions must be a minimum of 3 hours in length, with a 6-hour session on Saturday. Please avoid holiday weekends when your students will have a hard time attending and there could be difficulties scheduling instructors. Please submit two sets of dates, a first and a second choice, to increase the likelihood of finding an instructor for your class. DAYS FOR THE CLASSES SHOULD BE Monday, Wednesday, Saturday, Monday Wednesday, OR Tuesday, Thursday, Saturday, Tuesday, Thursday. Give them a day off between classes – FOUR weeknights plus one Saturday.

1 <sup>st</sup> C H O I C E	SESSION #	DATE	START TIME	END TIME	LOCATION NAME*
	1				
	2				
	3				
	4				
	5				
2 <sup>nd</sup> C H O I C E	SESSION #	DATE	START TIME	END TIME	LOCATION NAME*
	1				
	2				
	3				
	4				
	5				

### THIS SITE HAS (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Tables, Chairs or Desks<br><input type="checkbox"/> Overhead Projector<br><input type="checkbox"/> Projection Screen<br><input type="checkbox"/> Television | <input type="checkbox"/> VCR<br><input type="checkbox"/> White Board or Chalk Board<br><input type="checkbox"/> Laptop and Projector |
|--|--|

### \*LOCATION DETAILS:

SITE NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_

SPONSORING CYSA AFFILIATED LEAGUE/CLUB: \_\_\_\_\_

### CONTACT INFORMATION FOR PUBLICATION ON THE WEBSITE:

NAME \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PHONE \_\_\_\_\_

### CONTACT INFORMATION NOT FOR PUBLICATION:

NAME \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_

### PAYMENT OF FEES AND MATERIALS:

*This completed form and a check payable to CNRA are both due 60 days prior to the start of the clinic.*  
 The cost is \$270.00 for Clinic Fees For clinics in Spanish, the League must also pay for the instructor's meals 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 (\$270.00) 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