

CYSA DISTRICT 5 REFEREE REFRESHER OR IN-SERVICE CLINIC REQUEST FORM

CLINIC SCHEDULE AND LOCATION CONSIDERATIONS:

The class should be offered as a single day 5 hours in length minimum. Please avoid holiday weekends when your students will have a hard time attending and there could be difficulties scheduling instructors. Please submit two dates, a first and a second choice, to increase the likelihood of finding an instructor for your class.

CHOICE #	DATE	START TIME	END TIME	LOCATION NAME*
1				
2				

THIS SITE HAS (check all that apply)

Tables, Chairs or Desks
Overhead Projector
Projection Screen
Television

VCR
White Board or Chalk Board
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**CONTACT INFORMATION NOT FOR
PUBLICATION:**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 for \$150, payable to "CNRA" are both due 60 days prior to the start of the clinic.

Send the Clinic Request Form
and CNRA Check (\$150.00) to:

[Steve Larsen](#), D5 Referee Administrator
PO Box 988
Sebastopol, CA 95473-0988

Send a COPY of the Clinic Request Form to:

[Cheri Hardaway](#), D5 Commissioner
1387 Cass Road
Santa Rosa, CA 95407-7733