California North Referee Administration

District IV Web Site: www.d4ra.com

REFEREE CLINIC REQUEST

Sponsoring League/Club: _____

Clinic Location: **Site** _____

Address _____

City _____

League Representative: _____

Phone Number: _____

Requested Dates: (NOTE: Grade 8 courses are 3 hour sessions over 3 weeks. Hours are 7:00 p.m. – 10:00 p.m.)

_____ _____ _____

_____ _____ _____

Grade 8 Entry Level Clinic = $270.00; Grade 9 Entry Level Clinic = $200.00

Check Attached: **$** _____ (All checks are made out to CNRA)

Book Request

Law Books: _____ **X $5.00 =** **$** _____ (Check Attached)

Procedures Books: _____ **X $2.00 =** **$** _____ (Check Attached)

Ship Books to: **Name:** _____

Address: _____

City, State, ZIP: _____

Mail completed form with check(s) to: **Jerry Nelson**
DDI – Distr. 4 – CNRA
2724 9th Street
Berkeley, CA 94710

This form and accompanying checks must be mailed to arrive at DDI no later than three weeks prior to clinic start date.

Revised 03/16/08