

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: _____

Email Address: _____

Requested Dates:

[NOTE: Grade 8 evening courses are 3 hour sessions over 3 weeks. Hours are 7:00 p.m. - 10:00 p.m.
Saturday session is 8:00 a.m. - 11:00 a.m., and must precede the final evening session.]

Week night dates: _____

Saturday date: _____

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

LOTG Books: _____ each X \$5.00 = \$_____ (Check Attached)

Procedures Books: _____ each X \$3.00 = \$_____ (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 delivered to the DDI no later than three weeks prior to clinic start date.

