



SARA



REFEREE CLINIC

2009 Referee Clinic Registration Form

Name _____ Home Association _____

Address _____ City _____ Postal Code _____

Home # _____ Business # _____ Cell # _____

APHC # _____ Email _____

DOB- Month _____ Day _____ Year _____

Signature of
Parent/Applicant _____

To Register Contact: Michael Kirk Cell# 780-222-7472
E-mail refallocator@stalbertringette.com
Mail to: 7 Hyde Court
St. Albert, AB T8N 5W6

Cost: Level 1 Course - \$125.00/registrant. (Price includes GST)
Level 2 Course - \$125.00/registrant. (Price includes GST)
Please make cheques payable to: St. Albert Ringette Association (SARA)

Visa and Mastercard also accepted

Visa Mastercard

Card Number _____ Expiration _____

Payment is to be received no later than 1 week prior to the Session

Please Identify the session you wish to attend:

Level 1 Sunday Oct 4, Servus Place (Morinville Room/Messier Arena) 8:30am to 5:30pm
This session includes an on-ice portion, therefore skates and a helmet will be required.

Level 2 Saturday Oct 3, St. Albert Inn #156 St. Albert Trail 8:30am to 5:30pm

Pre-registration for both events will be at 8:15 am. Receipts will be available on the day of the clinic.