



APPLICATION TO HOST AN OFFICIATING CLINIC

The _____ (team/club or association)

would like to host the following Officiating Clinic:

LEVELS: _____

LOCATION: _____

DATES: _____

TIMES: _____

OF OFFICIALS ATTENDING: _____

As the host, we are aware that there must be a certain number of Officials pre-registered in order for the clinic to occur even if dates are approved. Once approved any changes to the above dates or times MUST be communicated in writing via letter or email to the SLA Office and approved by the SLA Office and SLA Referee In Chief prior to the clinic occurring.

Date

Signature of Official

FOR PROVINCIAL OFFICE USE ONLY

Date Received: _____

Date Approved: _____

Signature: _____

NOTE: This form is to be used by SLA Member Associations requesting an Officiating Clinic in their community.

