



**The Ontario Soccer Association
Class Two Referee Clinic - April 21, 2002
Application Form**

Note: This form must be completed and returned with the registration fee of \$55.00, no later than **Friday, March 22, 2002.**

Name: _____

Sex: M F Years as a Class 3 Referee: _____

OSA Registrant Number: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

E-Mail Address: _____

District in which you live: _____

Have you completed local Education Sessions? Yes No

You are required to attend the Winter education sessions held in your area to prepare you to attend the Class 2 Workshop and Examination. Contact your District Referee Coordinator for location and dates in your area.

I am requesting an oral examination. Please state reason:

Send to: The Ontario Soccer Association c/o Referee Development
7601 Martin Grove Road, Vaughan, ON L4L 9E4

Late applications will not be accepted.