

**2013-14 JUNIOR REFEREE CLINICS**

From: Don Shropshall, W.O.A.A. Referee Clinic Coordinator. (519) 482-3092 (H) [donsdrop@icloud.com](mailto:donsdrop@icloud.com)

This is an application for Junior Referee Clinics to be held for the 2013-14 season in the W.O.A.A. area as listed below. This application is to be used if you are a NEW official or returning to the program after letting your Referee certification lapse. DO NOT use this form if you have missed a Recertification Clinic or are presently officiating. Registration will begin at 8:00 A.M., classes will begin at 9:00 A.M. The clinic will run until approximately 3:00 – 4:00 P.M. Please complete the application form on the bottom. There will be no ice time for the clinic. **All candidates, regardless of age, MUST provide a copy of a Police Record Check in a sealed envelope the morning of the clinic or a receipt from the police saying it is being processed, for attendance to be permitted.** Please bring a pencil and note pad. The cost of the clinic is as indicated below and includes lunch, snacks, refreshments and the hall rental.

**REGISTRATION FEE FOR CLINIC INCLUDES LUNCH AND HALL RENTAL FEE**

14 AND 15 YEAR OLDS, AS OF DECEMBER 31	LEVEL ONE	\$140.00
16 AS OF DECEMBER 31, AND OLDER	LEVEL TWO	\$190.00

**DETACH BELOW AND RETURN FORM AND SEND TO CLINIC CONTACT WITH PAYMENT BY DATE INDICATED BELOW:**

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**INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT CLEARLY:**

DATE OF CLINIC:                                      LOCATION:                                      SUBMIT APPLICATION BY:

**SAT., OCT. 12, 2013**                                      **SEAFORTH**                                      **OCTOBER 04, 2013**  
 (Seaforth Curling Club, East William St., SEAFORTH, ON)  
 MAKE CHEQUES PAYABLE TO: SEAFORTH MINOR HOCKEY  
 CONTACT: Blaine Marks, P.O. Box 1066, SEAFORTH, ON N0K 1W0  
 (519) 522-0592 (H) [bmmarks@c4thstars.ca](mailto:bmmarks@c4thstars.ca)

**SAT., OCT. 19, 2013**                                      **WALKERTON**                                      **OCTOBER 11, 2013**  
 (Sacred Heart High School, 450 Robinson St., WALKERTON, ON)  
 MAKE CHEQUES PAYABLE TO: WALKERTON MINOR HOCKEY  
 CONTACT: John Turnbull, R.R. #3, WALKERTON, ON N0G 2V0  
 (519) 881-1404 (H) [walkertonrefs@gmail.com](mailto:walkertonrefs@gmail.com)

**SUN., OCT. 27, 2013**                                      **LISTOWEL**                                      **OCTOBER 18, 2013**  
 (Listowel High School, 155 Maitland Ave. S., LISTOWEL, ON)  
 MAKE CHEQUES PAYABLE TO: LISTOWEL MINOR HOCKEY  
 CONTACT: Don Wilson, 765 Binning St. W., LISTOWEL, ON N4W 1H3  
 (519) 291-9765 (H) [dandlwilson@wightman.ca](mailto:dandlwilson@wightman.ca)

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_

**(RURAL) 911 ADDRESS:** \_\_\_\_\_

**OR LOT:** \_\_\_\_\_ **CONC.:** \_\_\_\_\_ **TWSP:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**PREVIOUS ADDRESS (IF MOVED IN THE LAST 5 YRS):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
DAY      MONTH      YEAR

**PRIVACY POLICY: "OPT-OUT" PROVISION:**

The W.O.A.A. does not sell, trade or otherwise share the information we collect outside our association, however we may from time to time use the information for the purposes of offering additional services, promotions, including promotions offered by third parties. This type of usage of personal information by the W.O.A.A., its teams, leagues and/or programs is entirely at your discretion, should you choose NOT to allow this type of usage, please check the OPT-OUT box.

NOTE: By checking the OPT-OUT box above, your personal information WILL NOT be distributed outside our association.

Signature: \_\_\_\_\_