



## OFFICIAL'S CLINIC REGISTRATION FORM

November 8 – 12, 2015

NAME \_\_\_\_\_

TEL \_\_\_\_\_ (H) \_\_\_\_\_ (M)

Address \_\_\_\_\_

Email \_\_\_\_\_

Work place \_\_\_\_\_

Officiating experience:	When/Event?	Role/position?
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_____	_____	_____

- Session 1 – 29<sup>th</sup> ABSF National OW Championships (practical)
  - Session 2 – Monday 9<sup>th</sup> November 5:30pm – 8:30pm (classroom)
  - Session 3 – Tuesday 10<sup>th</sup> November 5:30pm – 8:30pm (classroom)
  - Session 4 – Wednesday 11<sup>th</sup> November 5:30pm – 8:30pm (classroom)
  - Session 5 – Thursday 12<sup>th</sup> November 5:30am – 8:30pm (classroom )
- (Persons should attend all session to be awarded the certificate)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email form back to: [techdir@absf.ag](mailto:techdir@absf.ag) or call 268-783-0578

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Official Use Only  
Attendance: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_ Day 5 \_\_\_\_\_