



**Officials Clinic  
Attendance  
Sign-In Sheet**

Send to: Debra Pearson  
830 Filmore Ave  
Council Bluffs, IA 51503  
dhpjrp@gmail.com

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Type (circle one):            AO    S&T    Starter    Referee

Instructor's Name(s):

Please Print Legibly		Initials	Club Affiliation
Name:			
Home Address:			
Phone Number:	Email Address:		
Name:			
Home Address:			
Phone Number:	Email Address:		
Name:			
Home Address:			
Phone Number:	Email Address:		
Name:			
Home Address:			
Phone Number:	Email Address:		
Name:			
Home Address:			
Phone Number:	Email Address:		
Name:			
Home Address:			
Phone Number:	Email Address:		