

UNITED STATES SOCCER FEDERATION  
ENTRY LEVEL REFEREE CERTIFICATION CLINIC  
PRE-REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_

CLINIC LOCATION: \_\_\_\_\_

CLINIC DATE: \_\_\_\_\_

PLEASE ENCLOSE \$22.50 FOR CLINIC FEE

(Once you take the clinic and pass the test there will be a \$40.00  
USSF Registration Fee also)

Make checks payable to "Idaho Soccer Referees' Committee" or "ISRC."  
Please circle "Yes" if cash is enclosed.                      Yes

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

Your e-mail address (if applicable):

\_\_\_\_\_

Please mail filled out form (envelope must be postmarked at least  
3-days before clinic) with clinic registration fee to:

ISRC  
10015 SAGRAMORE  
BOISE, IDAHO 83704