

UNITED STATES SOCCER FEDERATION
GRADE 8 & GRADE 9 REFEREE CERTIFICATION CLINICS
PRE-REGISTRATION FORM

STUDENT'S NAME: _____

CLINIC LOCATION: _____

CLINIC DATE: _____

NOTE: Grade 8 Clinic Fee = \$22.50, Grade 9 Clinic Fee = \$15.00

USSF Registration = \$40.00 for both grades (Paid after taking & passing the test)

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