



SOCCER NOVA SCOTIA REFEREE CLINIC HOSTING APPLICATION FORM

** Entry Level Course Clinic Host Applications are due to Soccer Nova Scotia by Jan. 15**

** Referee Refresher Course Host Applications due to SNS by Jan. 15 for outdoor season courses**

** Referee Refresher Course Host Applications are due to SNS by Sept. 15 for indoor season courses**

Entry Level Clinic Host (Regional Referee Association/Club/District): _____

Proposed Dates of Clinic: _____ **Location:** _____

Alternate Clinic Dates: _____ **Location:** _____

Entry level Clinic Times (Minimum total, 16 Hours – **6 hours of practical, on field, time** is recommended for entry level courses): _____

Contact Person: _____

Address: _____ Postal Code: _____

Email: _____ Phone: _____

Entry Level Clinic Participants:

Estimated Number of Participants: _____

(Please note, there is a minimum of 10 and a maximum of 25)

Facility:

Proposed Facility: _____

Anticipated Cost for facility use: _____

Referee Entry Level Clinics have both Classroom and Practical components. Please check all that apply to your proposed facility:

Classroom facility ☐ Gymnasium ☐ Indoor field ☐ Outdoor field ☐

Special Considerations/Limitations for proposed facility: _____

Soccer Nova Scotia Referee Policies apply to all **entry level clinics. All participants must preregister directly with Soccer Nova Scotia (with appropriate forms/fees) 2 weeks prior to the start of the course. All participants must be 14 years of age by the course date. A representative from the host organization must be present at the start of each day to assist the clinic instructor with set up and sign in. Instructors must also be provided with a contact number for this person in case of issues with the facility.**

Referee Refresher (check one) **Outdoor:** _____

Indoor: _____

Region: _____

Course contact person: _____

Course date: _____

Course Time: _____

Location: _____

Signature of Clinic Organizer and date

Signature of Regional Referee Association Chair

OFFICE USE ONLY Date Received: _____ Forwarded to Chief Instructor: _____

Clinic Date: _____ Clinic Locations: _____ Instructor(s): _____