

2011-12 JUNIOR REFEREE CLINICS

From: Don Shropshall, W.O.A.A. Referee Clinic Coordinator. (519) 482-3092 (H) [donsdrop@sympatico.ca](mailto:donsdrop@sympatico.ca)

This is an application for Referee’s Junior Clinics to be held for the 2011-12 season in the W.O.A.A. area as listed below. Registration will begin at 8:00 A.M., classes will begin at 9:00 A.M. The clinic will run until approximately 3:00 – 4:00 P.M. Please complete the application form on the bottom. There will be no ice time for the clinic. **All candidates, regardless of age, MUST provide a copy of a Police Record Check in a sealed envelope the morning of the clinic or a receipt from the police saying it is being processed, for attendance to be permitted.** Please bring a pencil and note pad. The cost of the clinic is as indicated below and includes lunch, snacks, refreshments and the hall rental.

REGISTRATION FEE FOR CLINIC INCLUDES LUNCH AND HALL RENTAL FEE

14 AND 15 YEAR OLDS, AS OF DECEMBER 31	LEVEL ONE	\$140.00
16 AS OF DECEMBER 31, AND OLDER	LEVEL TWO	\$190.00

DETACH BELOW AND RETURN FORM AND SEND TO CLINIC CONTACT WITH PAYMENT BY DATE INDICATED BELOW :

INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT CLEARLY:

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DATE OF CLINIC:

SUN., OCT. 16, 2011

LOCATION:

BLYTH

SUBMIT APPLICATION BY:

OCTOBER 10, 2011

(Blyth Community Centre, 377 Gypsy Lane, BLYTH, ON)

MAKE CHEQUES PAYABLE TO: BLYTH-BRUSSELS MINOR HOCKEY

CONTACT: Ron Stevenson, 83175 McCall Line, R.R. #3, Walton, ON N0K 1Z0

(519) 887-6677 (H), (519) 525-0166 (C) [ron.stevenson@pfizer.com](mailto:ron.stevenson@pfizer.com)

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DATE OF CLINIC:

SAT., OCT. 22, 2011

LOCATION:

WALKERTON

SUBMIT APPLICATION BY:

OCTOBER 14, 2011

(Sacred Heart High School, 405 Robinson Street, WALKERTON, ON)

MAKE CHEQUES PAYABLE TO: WALKERTON MINOR HOCKEY

CONTACT: John Turnbull, R.R. #3, WALKERTON, ON N0G 2V0

(519) 881-1404 (H) [walkertonrefs@gmail.com](mailto:walkertonrefs@gmail.com)

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DATE OF CLINIC:

SUN., OCT. 23, 2011

LOCATION:

DRAYTON

SUBMIT APPLICATION BY:

OCTOBER 15, 2011

(Drayton Community Centre, 68 Main Street, DRAYTON, ON)

MAKE CHEQUES PAYABLE TO: DRAYTON MINOR HOCKEY (PMDMHA)

CONTACT: Dale Burnett, 8427 Conc. #6, R.R. #3, MOOREFIELD, ON N0G 2K0

(519) 638-5297 (H) [draytonhockey\\_dale@hotmail.com](mailto:draytonhockey_dale@hotmail.com)

NAME:

STREET:

TOWN:

(RURAL) 911 ADDRESS:

OR LOT:

CONC.:

TWSP:

POSTAL CODE:

PREVIOUS ADDRESS (IF MOVED IN THE LAST 5 YRS):

PHONE NUMBER:

EMAIL:

YEAR OF BIRTH:

DAY

MONTH

YEAR

PRIVACY POLICY: “OPT-OUT” PROVISION:  
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NOTE: By checking the OPT-OUT box above, your personal information WILL NOT be distributed outside our association.

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