



**SOCCKER NOVA SCOTIA
REFEREE CLINIC HOSTING APPLICATION FORM**

- ** Entry Level Course Clinic Host Applications are due to Soccer Nova Scotia by February 1**
- ** Referee Refresher Course Host Applications due to SNS by Feb. 1 for outdoor season courses**
- ** Referee Refresher Course Host Applications are due to SNS by Oct. 1 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

Please email form to Ref.services@soccerns.ns.ca and also to Larry Porter at porterlarry785@gmail.com

OFFICE USE ONLY	Date Received: _____	Forwarded to Chief Instructor: _____
Clinic Date: _____	Clinic Locations: _____	Instructor(s): _____