

# LEVEL REGISTRATION FORM

LEVEL 1, LEVEL 2, LEVEL 3, LEVEL 4

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Phone # \_\_\_\_\_

Cel # \_\_\_\_\_

e-mail \_\_\_\_\_ Birthdate \_\_\_\_\_

Association    BCFOA    LMFRA    OTHER (Specify) \_\_\_\_\_  
(Circle one)

# of years Officiating \_\_\_\_\_

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## INSTRUCTOR USE ONLY

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

METHOD OF PAYMENT : CASH    EFT    OTHER    AMOUNT \$ \_\_\_\_\_  
(Circle one)

Rates	
Level 1	\$50.00
Level 2	\$60.00
Level 3	\$75.00
Level 4	\$90.00