

CLINICIAN (please print):

2015-2016 ERVA Referee & Scorekeeping Clinic Attendance Sheet

JB NAME	TEAMNAME OF SITE						
ATE							
eam Age ivision:	U12	U13	U14	U15	U16	U17	U18
Pi	PRINTED NAME			SIGNATURE			
PLAYERS:							
					-		
REGISTERED /	ADULTS (coad	ches/chap	perones/co	lub direct	ors):		

CLINICIANS: Please have ALL PARTICIPANTS print and sign their name on this form. All attendees MUST attend full clinic and sign this sheet to be considered certified. COACHES: Please fill out your club/team information at the top of this form.

USE ONE FORM PER TEAM * If more room is needed, please use another sheet.