



INDOOR UMPIRING CLINIC

Kitchener, Ontario, Canada: 7PM, Friday 22nd Feb 2013

APPLICATION FORM

1. PARTICIPANT INFORMATION

1.1 Name:
1.2 Date of birth (dd/mm/yyyy):
1.3 Address:
1.4 Contact Telephone #:
1.5 Contact e-mail:

2. BACKGROUND IN HOCKEY – PLAYER / COACH / UMPIRE:

2.1 Player:
2.2 Coach:
2.3 Umpire:
2.4 Umpiring level/ grade:
2.5 Other experience / observations:

I have read all available information regarding this Course and I acknowledge the requirements that apply.

Applicant
Date:

Please submit the completed Application Form to the Chair of the Umpiring Clinic,
Shankar Premakanthan, 647-241-3982 at shank_1@hotmail.com
before deadline of: **15th February, 2013.**