**2015 SIOUX EMPIRE**

**FOOTBALL OFFICIALS CLINIC**

**REGISTRATION FORM**

**June 21 & 22, 2015 (Sunday & Monday)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Preference (in order): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Officiated: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If part of a crew at the clinic, list members and positions preferred**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Room Requested at Augustana College: \_\_\_\_\_ Sat Single ($30/night) \_\_\_\_\_ Sat Double ($50/night)\_\_\_\_\_ Sun Single ($30/night) \_\_\_\_\_ Sun Double ($50/night)

Shirt Size: M L XL XXL XXXL

**Return with $125.00 Registration Fee ($100.00 if before June 1, 2015).**

**Please include room fee if room is requested to Augustana College to**:

Orrin Anderson, Clinic Director

1915 S. Main

Sioux Falls, SD 57105

605-332-5957 (H) or 605-310-3507 (cell)

Email: [orrin.karen@gmail.com](mailto:orrin.karen@gmail.com)