

**South Carolina Soccer Referee Development
United States Soccer Federation**

Referee Clinic Request

Name of Organization _____

Contact Person _____ E-mail Address _____

Phone Number _____ Fax Number _____

Address _____

City, State, Zip _____

Clinic Location: _____

_____ Check here if you want us to secure a place to hold the clinic.

_____ Check here if you have secured a place to hold the clinic.

Anticipated number of participants _____.

_____ A Security Deposit Check for \$250 is enclosed: (Payable to SC Referees)

The Security Deposit check will be cashed upon receipt, and a check will be sent to you if a minimum of 10 people enroll and pay the full clinic fee.

The cost for each referee depends upon the type of clinic offered. If five to nine people attend, the clinic will be held and the money to cover all instruction costs will be subtracted from your Security Deposit.

If less than five people show up for the clinic, the clinic will not be offered and travel costs plus \$20 per hour of instructor time used to travel to the site and return home will be subtracted from your security deposit.

Send to:
Fred Bieber
3011 Knightbridge Rd
Columbia, SC 29223
Or email to fbieber@usit.net