



SWOA

SOUTHERN WISCONSIN OFFICIALS ASSOCIATION

**12TH ANNUAL SWOA
FOOTBALL OFFICIALS CLINIC**

August 15 & 16th, 2008
Location: TBD (Madison area)

2008 SWOA FOOTBALL CLINIC REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ NIGHTTIME PHONE: _____

EMAIL(must have): _____

DO YOU BELONG TO AN ASSOCIATION: _____ WHICH? _____

YEARS OFFICIATING FOOTBALL: _____

POSITION AT CLINIC YOU PREFER TO WORK: 1. _____
2. _____
3. _____

OVERNIGHT OR COMMUTING: _____

AmericInn Hotel has set aside rooms for the SWOA clinic, if you choose to stay overnight, the expense for the room is your responsibility. The SWOA will not cover any room rates.

The deadline for applications is Friday August 1, 2008. There will be no walk up registration. All participants must be registered by the above date. Mail registration form and check made payable to SWOA for \$65.00 to:

**Dave Jameson
255 Walnut St.
Oregon, WI 53575**

No one will be accepted without payment.