



SWOA

SOUTHERN WISCONSIN OFFICIALS ASSOCIATION

**14TH ANNUAL SWOA
FOOTBALL OFFICIALS CLINIC**

August 13 & 14th, 2010
Location: Monona Grove and Madison LaFollette

2010 SWOA FOOTBALL CLINIC REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Email address (required): _____

Phone: Day: (____)____-____ **Night:** (____)____-_____

Positions wanting to work: (list in order of preference)

1. _____

2. _____

Do You Belong to an Association? Yes No Assoc. Name: _____

Have you attended the clinic previously? Yes No

Commuting or Overnight (circle one)

If overnight still working on hotel rates, will have info for you soon.

If you are attending with crew members, we will do our best to place you on the same field, there are no guarantees. Entry deadline will be August 4, 2010. We are taking the first 60 officials to register. Payment must be included with registration to be accepted.

Please send payment of \$65.00 to:

Dave Jameson
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Oregon, WI 53575

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Email: djameson@soderholmfoods.com or
jackla01@gmail.com