



OFFICIATING CLINIC SUBSIDY APPLICATION FORM

SCHOOL INFORMATION

School _____

Address _____ City _____

Postal Code _____

Teacher/Administrator Name _____

Teacher/Administrator Email _____

Teacher/Administrator Phone _____

COURSE INFORMATION

Sport _____

Name of Officiating Course _____

Date of Course _____ Location _____

Number of Students to be Trained _____

SUBSIDY REQUEST

Course Fee/Student: \$ _____ (if applicable)

Instructor Fee: \$ _____

Materials: \$ _____

Other: \$ _____ Specify: _____

Total Request: \$ _____

Applications should be sent to Michael Suraci by fax at 416-426-7317 or email at michael@ofsaa.on.ca