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## REQUEST FOR REFEREE CLINIC

<b>Date</b>					
<b>Club/Association</b>					
<b>Date of Clinic</b>					
<b>Level</b>	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Discipline</b>	Box	Men's Field	Women's Field	Inter-lacrosse	
<b>Location</b>					
<b>Address</b>					
<b>Phone Number</b>					
<b>Individual Requesting Clinic</b>					
<b>Address</b>					
<b>Phone Number</b>					
<b>Fax Number</b>					
<b>Email</b>					
<b>Clinics held last year</b>					
<b>Number of Referees to attend</b>					

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 ALRA Referee-in-Chief

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 Executive Director, ALA

\_\_\_\_\_  
 Date