

**OKC Metro Officials Association
2017 Summer Football Clinic
Registration Form**

Name _____

Address _____

Best Phone Number to Reach You _____

E-mail Address _____

OSSAA # (if applicable) _____

On a varsity crew? **Y** **N** **Attending with them?** **Y** **N**

White Hat's Name _____

Preferred Position (circle one): **R** **U** **H** **L** **B**

What local association are you a member of?

Number of years working HS/JH football _____

T-Shirt Size: **S** **M** **L** **XL** **XXL**

NOTE: Clinic will start at approximately 5:00pm on Friday, June 23.

Please complete this form and mail it, along with your \$20 check payable to "OKC Metro Officials Association", to:
OKCMOA 2017 Summer Football Clinic
c/o Referee's Call
5300 S Western Ave
Oklahoma City, OK 73109

You may also register **via Paypal:** paypal@okcmetroofficials.com.