

**CLA Referee Transfer Form**

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| **SECTION 1:** TO BE COMPLETED BY THE OFFICIAL APPLYING TO BE TRANSFERRED | | | | |
| Full Name: | | Date of Birth: | | |
| Current Address: | | | | |
| City: | | Prov: | Postal Code: | |
| Phone: | | Email: | | |
| Member Association Applying To: | | | | |
| Reason For Request: | | | | |
|  |  |  | |  |
| **SECTION 2:** TO BE COMPLETED BY THE SENDING MEMBER ASSOCIATION | | | | |
| Date of Certification Clinic: | | | | |
| Level of Certification Clinic: | | | | |
| Is the referee currently a member in good standing? | |  | | |
| Name & MA of Provincial Director of Officiating: | |  | | |
| Date: | |  | | |
|  | | | | |
| **SECTION 3:** TO BE COMPLETED BY THE RECEIVING MEMBER ASSOCIATION | | | | |
| Name & MA of Provincial Director of Officiating: | |  | | |
| Conditions (if applicable): | |  | | |
| Date: | |  | | |

Forward completed form to CLA Executive Director Jane Clapham ([jane@ontariolacrosse.com](mailto:jane@ontariolacrosse.com))