

**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)