

2017 Fort Worth Football Officials Regional Rules Clinic Registration Form

SAT. JUNE 17, 2017 / 7:30 AM CHECK-IN
Dee J. Kelly Alumni Visitors Center / TCU Campus
2820 Stadium Drive, Fort Worth, Texas 76109
8:30 AM - 3:30 PM

Name		Chapter	
Address		Home Phone #	
City		Cell Phone #	
State, Zip		TASO ID - REQUIRED	
Position R, U, H, L, B		Years of Experience	
Email address		One point you would like the clinician to cover	

\$50 registration fee due by June 10, 2017

\$60 registration fee after June 10, 2017

Make check or money order payable to FWFO and write
 "Regional Clinic Registration" in the Memo section of the check.

No credit or debit cards accepted.

If paying by PayPal, include "Regional Clinic Registration" and you
*must provide all the information requested on Registration Form, in the
PayPal comment section.*

PayPal E-mail Address: paypal@fwfo.org

Mail to: FWFO Regional Clinic Registration
 c/o Rod McLain
 P.O. Box 1685
 Fort Worth, TX 76101