



**WORLD WISER SPORT COMMITTEE**

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<b>2014 REFEREE TRAINING REGISTRATION FORM</b>			
<b>1. Registrant's Information</b>			
LAST NAME		FIRST NAME	MIDDLE INITIAL
GENDER		CURRENT AFFILIATED ORGANIZATION	TITLE
Male <input type="checkbox"/> Female <input type="checkbox"/>			
ADDRESS (STREET NAME AND NUMBER)			
CITY	STATE/PROVINCE	ZIP /POST CODE	COUNTRY (e.g., USA) /REGION
EMAIL ADDRESS		MOBILE PHONE #	OTHER PHONE #
<b>2. Training Information</b>			
Training Starting Time/Date		Training Location	
<i>BY SIGNING BELOW, I HEREBY DECLARE THAT THE FORGOING INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.</i>			
REGISTRANT'S SIGNATURE		DATE SIGNED	
<b>3. Administrative Certification Of Completion (WWSC USE ONLY)</b>			
WWSC Referee ID #			
NAME OF WWSC OFFICER		TITLE	
SIGNATURE		DATE SIGNED	

Please email the completed form back to [info@worldwisersport.org](mailto:info@worldwisersport.org) by 02/28/2014.

For any registration or training questions, please contact Michael Lin at [clin@worldwisersport.org](mailto:clin@worldwisersport.org) or 310.985.3045.