



Referee Course Request

Complete and send to District Director and/or STSR office.

STSR – Clinic Request

5300 N. Braeswood #377

Houston, Texas 77096

713-518-1948 (Voice) - 713-518-1963 (Fax)

www.stsr.org dir@stsr.org

REQUESTING ORGANIZATION

COURSE INFORMATION

Course Type

Entry Grade 8

Entry Grade 9

Recertification Grade 8

Other _____

Name of Location

Street Address

City

Zipcode

Course Date(s)

Course Time(s) – Start/Stop

CONTACT PERSON

Name

Address

City

Zipcode

Phone

e-mail

Deposit for Course Fee:

\$ 500.00

Course Registration fee per referee:

\$ 25.00

Deposit may be applied to up to 20 registrants

Course information and deposit must be received prior to scheduling any course.

A minimum of two weeks notice is requested.

For STSR use only

Clinic Request Received	_____
Check Number	_____
Check Amount	_____
Course Number Assigned	_____
Course Posted (date)	_____
Course posted by	_____