



ABC RECOGNIZED MMA REFEREE / JUDGE COURSE/ INSPECTOR SEMINAR APPLICATION

DATE OF TRAINING: 7/9/16 TRAINER: BLAKE GRICE

LOCATION: DAYS IN CONFERENCE CENTER, 350 DAYS DR SUTTON, WV 26601

<http://www.daysinn.com/hotels/west-virginia/sutton/days-hotel-sutton-flatwoods/hotel-overview>

Special Room Rates Available for Participants by calling (304)765-5055

- 8am- Meet & greet, Introductions
- 8:15-12:15- Referee and Judge Classroom training
- 12:15-1:00- Lunch
- 1:00-4:00 Referee and Judge Classroom training
- 4:00-5:00- Hands on workshop
- 5:00-6:00 Written tests
- *5:00- 6:30- Inspector training

PAYMENT IS ACCEPTED IN THE FOLLOWING FORMS:
CASH, CHECK, OR MONEY ORDER IN U.S. FUNDS ONLY
ABC CERTIFICATIONS ARE GOOD FOR A TWO YEAR PERIOD
\$125 for Referee Course, \$125 for Judge Course or \$200 for both
\$50 for Inspector Seminar

These prices are for pre-registration only (increased fees for walk ins) (Limited Slots Available)

ALL PAYMENTS MUST BE POSTMARKED BY: 7/1/16
CHECKS OR MONEY ORDERS MADE PAYABLE TO: WVSAC

Please mail completed application and payment to:

WV State Athletic Commission
ATTN: Robert Riley
900 Pennsylvania Ave
Charleston, WV 25311

return bottom portion with payment

Registrations will be accepted on a first received, first served basis. A confirmation E-mail will be sent once registration and payment have been received and verified. By signing below you acknowledge that you are signing up for the MMA JUDGE / REFEREE / INSPECTOR (circle one, two, or all 3) course being held on 7/9/16. You further acknowledge that a spot is being held for you and the course fee is non-refundable should you decide to cancel for any reason. In the event that the course has to be cancelled for unforeseen reasons, you will be refunded your course fee money or be moved to the next available course based on your preference. Participant is responsible for any travel expenses incurred should course have to cancel for unforeseen reasons.

Professional MMA Referee and Judge Courses

Participant Signature _____

Signature Date _____

NAME: _____

DATE: ___/___/___

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: (____) _____ - _____

COURSE(S) ATTENDING _____

ARE YOU CURRENTLY LICENSED WITH ANY COMMISSIONS? YES / NO

IF YES, PLEASE LIST: _____

BELOW LIST ANY REFEREE/JUDGING/MMA EXPERIENCE