



Registration for Referee Exam

Name _____ First name _____
Full address _____
Federation _____ (country)
Dan grade _____ Dan Registration No. _____ (SKIF)
Birth date _____ Sex _____ (male / female)

History of major competition / referee experience (application for referee license A / B only)

Information on the referee examination

Planned date / place _____

Application for Referee license A / B (SHUSHIN)
 Referee license C (FUKUSHIN)

Date _____ Signature _____

Please send the registration duly filled out to the secretary of the SKIEF Referee Committee:
gitte.bjoern@skisf.ch.

Kindly bring a copy of the registration, EUR 70 and a passport photo to the exam.

