

# ASPC/AMHR STEWARDS CLINIC REGISTRATION FORM



\$50 FOR LICENSED OFFICIALS  
\$50 FOR APPRENTICE OFFICIALS  
\$50 FOR AUDIT (MAY NOT BE USED FOR CERTIFICATION)

MEMBERSHIP #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ AREA: \_\_\_\_\_

LOCATION OF CLINIC: \_\_\_\_\_

DATE OF CLINIC: \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

**ASPC/AMHR  
81-B EAST QUEENWOOD ROAD  
MORTON, IL 61550  
(309) 263-4044**