



**Central New England Region**  
Confirmation Contract for Officials and Clinicians

**Date:** \_\_\_\_\_

**I,** \_\_\_\_\_ **agree to serve as** \_\_\_\_\_  
(name of official or clinician) (position)

**for the Central New England Regional** \_\_\_\_\_ **on**  
(activity or rally)

\_\_\_\_\_, **20** \_\_\_\_\_ **for a fee of \$** \_\_\_\_\_.  
(date)

A CNER check is enclosed for a deposit if agreed upon \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Complete address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please contact the event coordinator (listed below) with any questions.

Event Organizer

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Cell \_\_\_\_\_

Please keep one copy for your records and return one copy to the Event Organizer.