



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.