2015 Mississippi Officials Certification Schools Ocean Springs, MS REGISTRATION FORM

Registrant's Information:			
Name:			
Address:			
City:	State:	ZIP:	
Email (required):			
Cell Phone:	W	Work Phone:	
Referee School. TESTS for EACH class m MUST be completed on line before you Ocean Trea US7 Deadl	nust be done online arrive. Springs: Insure Oak Control TA - REFER	REE – ITA ary 23, 2015	_
Februa	ry 28 (times	s are tentative)	
□ USTA School	8:00	(0+ years of certification o	nly)
□ Referee School	l* 12:30	(0+ years of certification o	nly)
☐ ITA School* *Referee &		:00 (0+ years of certification o	only)

Please print, complete and

Trainer: Pete Mitchell

Mail to: Kent Shultz P. O. Box 5388, Jackson, MS 39296,

Scan and e-mail to: KentS@mstennis.com, or

Fax to: 601-981-4517.