DISTRICT: ___
LEAGUE: _____
LOCATION: _____
GRADE(S) ISSUED: __
TOTAL NO. STUDENTS: __
TOTAL HRS. INSTR.: __

CALIFORNIA-NORTH REFEREE COURSE ROSTER

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COURSE NUMBER: _-__-__
INSTRUCTOR: _____
DATE STARTED: __/__/____
DATE OF EXAM: __/__/____

Total no. students passed: __

Last Name / Soc. Sec. #	First Name	Address / City	ZIP Code	Home Phone / Work Phone	Birthdate / email	Attend			Check# / Cash	Exam Score