

ONSRC, INC. SPONSORSHIP AGREEMENT

This agreement shall be between the Ohio North State Referee Committee (ONSRC) and _____
_____ (sponsor).

1. Sponsor desires to hold a _____ (Bridge or novice) referee clinic at the following time(s) and location:

Facility name _____

Street Address _____

City _____ State _____ Zip _____

Date(s) _____ Time(s) _____

Sponsor's contact name _____ Phone _____

E-mail Address _____ @ _____

2. Sponsor agrees to abide by all rules and regulations of the ONSRC.
3. Sponsor agrees to enter into a contract with USSF certified instructor(s) assigned by the ONSRC. Sponsor acknowledges that instructors are independent contractors and not employees of the ONSRC. Sponsor agrees to pay the instructors a total of \$ _____. Sponsor further agrees to pay instructors assigned one half of the amount listed if the clinic is canceled by the sponsor for any reason with less than fourteen (14) days' notice prior to the start of the clinic.
4. Sponsor agrees to permit a representative of the ONSRC to be present at all sessions and to allow the ONSRC to register persons attending the clinic with USSoccer.
5. Sponsor will charge participants \$ _____ local clinic fee for the clinic. (Maximum of \$25.00)
6. Sponsor agrees that checks for USSF and/or ONSRC registration fees will be made payable to ONSRC, Inc.
7. Sponsor acknowledges that the ONSRC will have no responsibility to collect local clinic fees. Local clinic fees may not be included in checks for USSF and/or ONSRC registration fees.
8. Sponsor agrees to indemnify and hold harmless the ONSRC for any and all actions resulting from the aforementioned clinic. The Ohio North State Referee Committee will not assume liability for any facility or actions of sponsors or instructors.

I hereby attest that I am an authorized representative of the Sponsor and have authority to bind sponsor to this agreement.

Name (Print) _____ Title _____

Signature _____ Date _____

Signature of District Director of Instruction _____ Recommend approval of this clinic? _____

Approval of State Director of Instruction _____ Date _____

This form must be submitted to the District Director of Instruction a minimum of 28 days prior to start of clinic. District Director of instruction is to forward this form to the State Director of Instruction with their recommendation to approve or deny approval of this clinic. Form is not valid until SDI approves and signs.