



# 2024 Referee/Linesmen Application

## INFORMATION

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_

APPLYING FOR: REFEREE                                  LINESMEN

## EXPERIENCE

Number of Years Refereed / Lines    House \_\_\_\_\_ Club \_\_\_\_\_

Number of Years Refereed / Lines    Travel \_\_\_\_\_ Club \_\_\_\_\_

Completed Referee Clinics: YES or NO    Level \_\_\_\_\_

Any other experience that may be applicable:

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

**What is your availability currently? (Availability must be updated when season starts)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Updated availability</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_