



OFFICE USE ONLY :Center Registered To: _____

Police Check Completed: _____

SUN COUNTY SOCCER LEAGUE

REFEREE REGISTRATION FORM

Name (please print full name): _____

Address Street _____

Town _____ Postal Code _____

Home telephone number _____

Email address _____

Sex: Male ___ Female ___ Date of birth _____

Center affiliation _____

Center Rep _____ Phone Number _____

How long have you been a referee? _____

Have you ever taken a referee course(s)? _____

Where? _____ When (date)? _____

Through what organisation? _____

Current OSA Certification Level (if appropriate) _____

Refereeing experience

Please include list of age groups, and in what capacity (senior-center ref, or assistant); approximate number of games per season; & name(s) organisations for whom you have refereed. (Use the back of form if needed.)

Signature of applicant _____

Signature of Center Representative _____