



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.)

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Signature of applicant \_\_\_\_\_

Signature of Center Representative \_\_\_\_\_