



REFEREE INFORMATION FORM

Date: _____

Name: _____ Gender: Female Male

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Have you ever refereed organized hockey? Yes No

Have you ever refereed any organized Youth Sports? Yes No

If yes, please tell us about it... _____

Have you ever refereed any organized Adult Sports? Yes No

If yes, please tell us about it... _____

What age division would you prefer to referee:

4 - 6 7 - 9 10 - 12 13 - 15 16 - 18 Adult: Men's Ladies Co-Ed

Do you have any children playing? Yes No

If yes, what are their names... _____

How would you like to participate as a referee:

Tournaments Youth Leagues Adult Leagues All Choices

Do you require a letter from Game On for Volunteer Hours? Yes No

If yes, for which Institution? _____

If yes, how many hours do you require? _____

Which Game On Season would you like to referee in:

Spring (March - May) Summer (June - August) Fall (September - November)

Please provide two references, with phone numbers:

Name _____ Phone _____

Name _____ Phone _____

Signed by Applicant _____ Date: _____