

Referee Application Form



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which days are you able to work?

- Monday Nights Thursday Nights
 Tuesday Nights Friday Nights
 Wednesday Nights Weekends

Referee Experience

How many years have you been refereeing for?

What Referee Grade are you? _____

What Level Would You Like to Referee / Oversee

(Choose All That Apply)

Recreational Development Competitive Festivals Tournaments

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a referee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the Bradford Soccer Club to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in refereeing with the Bradford Soccer Club.