



# Blenheim Community Soccer League

*Let's have some fun!*

## SOCCKER REFEREE APPLICATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Referee Clinics Completed: (Circle all those that apply)

OSA mini-soccer

Sun County Referee Course

OSA Level 4 3 2 1

**NOTE:** If you have completed any of the above clinics proceed to **References**.

2. Previous soccer experience?      No              Yes

If yes, what and where? \_\_\_\_\_

3. What experience do you have with children?

\_\_\_\_\_

\_\_\_\_\_

4. Are you willing to attend a training session?      No              Yes

**References: (please list)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

5. Do you need volunteer hours?      No              Yes

6. Which evenings (usually 6pm or 7pm) or weekends (day or evening) are you available to work?

**Circle:**    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**\*\*\*\*\*A police clearance is required prior to the start of play.\*\*\*\*\***