

CISC Youth Referee Application

Contact Information

Candidate Name _____
Street Address _____
City/State & Zip _____
Parent Names _____
Home Phone _____
Cell Phone _____
E-mail Address _____
DOB: _____ AGE: _____ GENDER: _____

All referees applying for 2010 – 2011 season must be 12 years old by August 1, 2010

Referee Experience

Is this your 1st time Refereeing? Yes NO
If No - Year last refereed? _____
Current Certification (LISRA/SCHOOL/SSI) _____

Experience/Availability

ARE YOU CURRENTLY REGISTERED IN THE CISC AS A PLAYER / COACH? Yes NO

What team & age group are you playing / coaching this Season? _____

What days are your games for this Season? _____

What days / times can you Referee? Saturday – Sunday AM - PM

Applicant Name (print)

Parent's Name(print)

Applicants Signature

Parent's Signature

Date: _____

Date: _____