



2012 RETURNING REFEREE APPLICATION

Please remember this form is separate from registration with the OSA for 2012.
You MUST register with the OSA in order to referee for the NSC.

Name _____	Phone # (_____) _____
Address _____	
Email _____	Date of Birth _____
OSA # (required for returning referees) _____	Current Level: _____

Are you playing soccer in 2012 ?

YES

NO

What age/division/league are you playing in? _____

Do you have any location or assignment preference?

List potential conflicts of interest? (i.e. siblings who play/parents who coach, etc.)

What days are you available to referee?

Sun

Mon

Tue

Wed

Thurs

Fri

Sat

List the dates when you will be unavailable due to holidays and special events (exams, team practices, tournaments, etc.)

Date: _____ Signature: _____

Please return this form to the Newmarket Soccer Club at 611 Steven Court, Unit 4, Newmarket, ON. L3Y 6Z3
Attention: Jackie Hinde, Club Head Referee