

FSL Recreation Referee Information

Name: _____ Age: ____ Birthdate: _____

Address: _____ Phone: _____

E-Mail: _____

School Grade '09-10: _____

Referee History

1. State Certified Referee _____ (Y/N). If Currently Certified, Grade: _____

I am not certified but plan to take the State Course: _____ (Y/N)

2. I have taken the FSL Rec referee class _____ (Y/N) Date Taken: _____
(Required to be a referee for any FSL rec League game)

3. I plan to take the next FSL Rec Referee class to be offered: _____ (Y/N)

4. In the past I have been a referee for FSL Rec games _____ (Y/N). If yes,
please describe below. Include age groups and assignments such as Lines and
Centers and how many years you have been a referee

5. I play or have played Organized Soccer: _____ (Y/N). If Yes, please describe
below.

Availability for Spring 2010

1. I would like to be considered for refereeing jobs this Fall as I am available
on Saturdays between 8am and Noon: _____ (Y/N)

2. I have or may have time restrictions for the Fall. Please detail:

**Please e-mail this completed form to the current FSL ref Coordinator
UTSRP@aol.com**