**NVYSL Referee Sign-up/Information**

If you are interested in becoming a Referee for the NVYSL please forward the following information to [refs@nvysl.com](mailto:refs@nvysl.com)

Name:

Address:

Birthdate:

Preferred Email(s):

Preferred Phone(s):

Preferred Area/School District for assignments (if no preference, please state that):

Preferred Age Groups (if no preference, please state that):

Years’ Experience:

Mark days below that you are able to referee:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GAME DATES FOR U7 THRU U13 - Saturdays | | | | | | | |  |  |
| 8/27 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 | 10/15 | 10/22 | 10/29 | 11/5 |
|  |  |  |  |  |  |  |  |  |  |

Will you be attending Referee Clinic Saturday, August 23th 6:00PM at the Schadt Avenue Clubhouse:

Link to Schadt Avenue Park:

<https://www.google.com/maps/place/Schadt+Avenue+Park/@40.6397561,-75.5048289,16z/data=!4m5!3m4!1s0x0000000000000000:0x5a7ca04d77ef2c78!8m2!3d40.6397561!4d-75.5048289>

\_\_\_\_\_ By checking this space, I am acknowledging that I have read and understand the Procedural info doc. and the Referee Payment Information doc.