



## Referee Information Sheet

LSSC Number		OSA Number					
Name							
Address							
Town							
Postal Code							
Telephone							
Alternate Phone							
Email Address							
Birth Date (mm/dd/yy)							
Days Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Year started Refereeing							
Referee Level	Circle One:	Junior	Class 4	Class 3	Class 2	Class 1	
Holidays	Enter the dates or date range (mm/dd/yyyy):						
Your team/division.							
Conflict of Interest	<p>List the following... (if not applicable, leave blank)</p> <p>Sibling Teams/Division:</p> <p>Parent Teams/Division (playing or coaching):</p> <p>Extended Family playing/coaching for LSSC - Teams/Division:</p> <p>Sponsored Teams/Division:</p>						
Field Preference Circle your #1 preference. Cross out your least preferable.	■	Civic Centre	■	■	■	■	■
Comments:	Please indicate your assignment preference (such as assist/line only, micro 2 (or not), not certain coaches – anything to make your job more enjoyable)						