

Referee Application



In order to help you be the best referee possible, you will be **required** to attend one of the following training sessions: Nov 8; 4:30-6:00 or Nov 15; 3:30-5:00.

Name _____

Phone (H) _____ Phone (W) _____

Address _____

City _____ State _____ Zip _____

Email _____ Date of Birth _____

Church you Attend _____

Shirt Size: S M L XL XXL XXXL

Are there any Fridays or Saturdays between January 8 and February 27 that you are NOT able to referee?

Are there any times Friday nights after 6pm or during the day on Saturday that you are NOT able to referee? Games start at 8:30am on Saturday and continue throughout the day.

How many Games are you willing to Referee in a day? 1 2 3 As Needed

***If this is your first year refereeing or coaching with PGBC's Upward Ministry - - Please write out your personal testimony on the back side of this form telling us about your relationship with Christ and list the names and phone numbers of 3 personal references we may call.**

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc.) may have a negative affect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Referee's Signature _____ Date _____