

Cicero Youth Soccer League

Referee Information Sheet

2010 Spring Season

Name: _____

Address: _____

Home Phone Number: _____

Cell Numbers:

Referee's Cell Number (if any): _____

Mom's Cell Number (if any): _____

Dad's Cell Number (if any): _____

Email Addresses (We email referee schedules!)

Referee's Email Address: _____

Mom/Dad's Email Address: _____

Have you ever refereed before? YES NO

If yes, what ages: _____

What age groups are you hoping to referee (circle all you are interested in)

6 and under, 8 and under, 10 and under, 13 and under, Over 14

Dates you are available for SPRING (circle all you are interested in)

May 8 May 15 May 22 June 5 June 12 June 19

Are you playing on a team this year? YES NO

If so, what team? _____

Do both you and your parents understand that by signing up to the above circled dates you are committing your time to: knowing the schedule, arrive at least 15 minutes before your games are scheduled and that you will referee with a good attitude? YES NO

Do you have any questions or concerns we need to answer for you?

Mail this application to: CYSL, PO BOX 1371, Cicero, NY 13029