

REFEREE INFORMATION AND AVAILABILITY FORM – YCBHL

Referee's Name: _____ Address: _____
 City: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____
 Cell: (____) _____ Other: (____) _____

EMAIL: _____ Do you check email daily? Yes No

In case of emergency, we should call:

Name: _____ Relationship: _____
 Phone: (____) _____ Other Phone #: (____) _____

Your Health Card #: _____

Do you have recognized First Aid experience? Yes No In the past 12 months? Yes No

Years officiating Ball Hockey: _____ Leagues: _____ Level: _____
 Years officiating Ice Hockey: _____ Leagues: _____ Level: _____
 Reason(s) why you officiate: _____

Best days to officiate, check as many as applicable: Mon Tue Wed Thu Fri Sat Sun
 Number of times you would like to work weekly: _____ monthly: _____

Will you be unavailable for any period of time this summer? Yes No If so, when? _____

Do you officiate for any other Leagues during the summer? Yes No

If so, which ones and when? Leagues: _____ When: _____

Are you available for 6:30 shifts? Yes No Are you available on short notice? Yes No

Which arena is closest to you? _____

CIRCLE the days you ARE available. X the dates you are NOT.

May 2006

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2006

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2006

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2006

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

****Note: If you play, we will attempt to work with the schedule you provide. However, we expect your officiating to take priority over games. Should there be a conflict we prefer if you officiate only.****

Please complete this form and fax it back to 416-269-2605.

THANK YOU!