



League Referee Form Spring 2012

Return to or fax: 20592 Cutwater Place · Potomac Falls, VA 20165 · Fax: (703) 444-8805 • email to: lcraig@dmbssports.com

General Information

Name (First, Middle, Last) _____
 Address _____ Date of Birth _____
 City/State/Zip code _____ Age _____
 Phone: Home (____) _____ Cell (____) _____ Email address _____
 Parent Phone: Home (____) _____ Cell (____) _____ Email address _____
 Applicants Social Security # _____ (needed for your 1099/pay)

Education

Middle School _____
 High School _____ Year Graduated _____
 College _____ Year Graduated _____

Returning Cascades Referees, how many seasons have you worked: _____
 _____ Have refereed flag football for other leagues: _____
 New to Program, how did you hear about this position? _____

Special Qualifications/Skills: (List all varsity/club teams, coaching, teaching, certifications --- CPR, First Aid, etc.)

Spring 2012 Availability

Please check where & when you are available to attend:

- _____ Referee Field Training Saturday March 17th (morning, time to be announced)
- _____ Assist Coaches with Player Assessment on Saturday March 17th (after training, will run thru afternoon)

Check the Boxes below if you are available to work those weekends:

_____ Saturday March 31st (Scrimmages)	_____ Saturday May 5th
_____ Saturday April 7th	_____ Saturday May 12th
_____ Saturday April 14th	_____ Saturday May 19th
_____ Saturday April 21st	_____ Saturday June 2th
_____ Saturday April 28th	_____ Sat June 9th _____ Sun June 10th (Tournament)

ATTENTION: THIS STATEMENT MUST BE SIGNED!

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge, and that misrepresentation or omissions may result in rejection of my application, permanent ineligibility for appointments or dismissal.

Signature of Applicant

Date