



CODIAC SOCCER INC

REFEREE APPLICATION/DEMANDE POUR ÊTRE ARBITRE

NOTE: Applicant must be at least 13 years old as of June 1, 2017

Last Name/Nom de famille _____ First Name/Prénom _____

Address/Adresse _____

City/Ville _____ Postal Code/Code Postal _____

Home Phone/Téléphone à la maison: _____

Other Phone/Autre n° de tél.: _____

Please indicate the best number to reach you during the summer months as we do not leave messages when assigning games!

Email/Courriel: _____

Date of Birth/Date de naissance: _____ Gender/Genre: M ___ F ___

Parent/Guardian/Tuteur: _____

Please answer the following questions:

1. Have you been a referee for CodiAC Soccer in the past? Yes ___ No ___
2. Have you completed the NBSRA's Entry Level Clinic? Yes ___ No ___
3. If you answered no to the previous question, would you be willing to take this training? Yes ___ No ___
4. Have you refereed any other sports? Yes ___ No ___ Sport _____

Dates for CodiAC Soccer's in-house referee clinics and NBSRA Entry Level Training will be announced later, and anyone who has submitted a Referee Application form will be contacted. Please ensure that you have provided a valid email address.

Completed forms should be sent to CodiAC Soccer via email at codiacsoccer@nb.aibn.com or via regular mail at the address below.

CodiAC Soccer
55 Russ Howard Drive, Moncton, NB E1C 6R6

For more information please contact CodiAC Soccer at 854-0011 or codiacsoccer@nb.aibn.com