PYSA Referee Registration Sheet Spring 2017

Please PRINT CLEARLY

First Name MI Last Name

Address City Zip Code Home Telephone Number

E-Mail Address (that is checked daily) **YOUR** Cell Phone Number

Date of Birth School Grade Number of Seasons as a PYSA Referee

IN THE PREVIOUS YEARS, MARK WHAT PYSA GAMES IN EACH GROUP YOU HAVE WORKED.

BOYS: K_____ 1ST_____ 2ND_____ 3RD_____ 4TH_____ 5TH/6TH_____ 7TH-12TH_____

GIRLS: K_____ 1ST_____ 2ND_____ 3RD_____ 4TH_____ 5TH/6TH_____ 7TH-12TH_____

TRAVEL GAMES (ANY AGE GROUP)_____ **ARE YOU A USSF CERTIFIED REFEREE?** YES_____ NO_____

WOULD YOU BE INTERESTED IN REFERRING 7TH-12TH GRADE GAMES? YES_____ NO_____

PLEASE INDICATE YOUR AVAILABILITY BY PUTTING AN **X** IN THE BOX IF YOU **ARE NOT** AVAILABLE.
If there is a change in your schedule during the season, call or text Lisa Traxler at 419.297.7805

Time	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
	4/22	4/23	4/29	4/30	5/6	5/7	5/13	5/14	5/20	5/21	5/27	5/28		
8:00am														
9:00am														
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