

West Islip Soccer Club
 Director of Referees
 69 Sylvia Drive
 West Islip, NY 11795

WISC Youth Referee Application



Contact Information	
Name	
Street Address	
City/State & Zip	
Parent Names	
Home Phone	
E-mail Address	
DOB/Age/Gender	
Uniform Size	Shirt: _____ Shorts: _____

All referees applying for 2008/2009 season must be 13 years old by August 1, 2008

Referee Experience	
Is this your 1st time Refereeing?	(Check one) Yes NO
If No - Year last refereed?	
If No - Age Group you refereed?	
Have you taken any referee courses? If so list them	

Experience/Availability	
Have you ever played organized Soccer?	(Check one) Yes NO
What team & age group are you playing for the 2008-09 Season?	
What days are your games for the 2008-09 Season?	
What days / times can you Referee?	Saturday – Sunday AM - PM

Applicant Signature	Parent Consent / Signature
Applicants Name (print)	Parent's Name (print)
Applicants Signature	Parent's Signature
Date	Date

ALL APPLICATIONS MUST BE RECEIVED BY AUGUST 01, 2008

