

**PRAIRIE CITIES SOCCER LEAGUE
REF AVAILABILITY FORM – Fall 2010**

Sample	11-Sep	14-Sept	18-Sept	25-Sept	28-Sept	2-Oct	9-Oct	12-Oct	16-Oct
8:00	8:00		8:00	8:00		8:00	8:00		8:00
9:00	9:00		9:00	9:00		9:00	9:00		9:00
10:00	10:00		10:00	10:00		10:00	10:00		10:00
11:00	11:00		11:00	11:00		11:00	11:00		11:00
12:00	12:00		12:00	12:00		12:00	12:00		12:00
1:00	1:00		1:00	1:00		1:00	1:00		1:00
2:00	2:00		2:00	2:00		2:00	2:00		2:00
3:00	3:00		3:00	3:00		3:00	3:00		3:00
4:00	4:00		4:00	4:00		4:00	4:00		4:00
5:00	5:00		5:00	5:00		5:00	5:00		5:00
5:30		5:30			5:30			5:30	

****Please note: SAMPLE SHOWS THAT YOU WOULD BE AVAILABLE FROM 8AM THROUGH AND UP UNTIL 1PM, NO LATER. Please indicate your availability as the sample shows****

Name _____ Shirt size (new referees) _____

Address _____

City, State, Zip Code _____

Phone _____ Cell Phone _____ Text messaging? Y or N

Email _____ Alternate Email _____
(most communication is through email)

Years of soccer experience? _____ Years of soccer ref experience? _____

Completed PCSL ref training? _Y or N_ Age _____ Date of birth _____

Parent/Guardian name if you are 13 years of age or younger _____

**Parent must be present at games while child under 13 yrs. is refereeing.*

Please send form back by 8/27/10 to:

PCSL Ref Program or **email to: pcsloffice@verizon.net**
705 E. Lincoln, Suite 113
Normal, IL 61761