

**PRAIRIE CITIES SOCCER LEAGUE  
REF AVAILABILITY FORM – FALL 2020**

Sample	29-Aug	8-Sept	12-Sept	19-Sept	22-Sept	26-Sept	3 -Oct	6-Oct	10-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 \_\_\_\_\_

***(majority of communication is through email)***

Years of soccer experience? \_\_\_\_\_ Years of soccer ref experience? \_\_\_\_\_

Referee training: PCSL (date) \_\_\_\_\_ Grassroots (date) \_\_\_\_\_

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 8/14/20 to:**

**PCSL Ref Program  
705 E. Lincoln, Suite 113  
Normal, IL 61761**

**or**

**email to: [league@pcslsoccer.org](mailto:league@pcslsoccer.org)**