

**PRAIRIE CITIES SOCCER LEAGUE
REF AVAILABILITY FORM – Spring 2024**

Sample	6-Apr	8-Apr	13-Apr	20-Apr	22-Apr	27-Apr	4-May	6-May	11-May
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 only) _____

Address _____

City, State, Zip Code _____

Phone _____ Cell Phone _____ Text messaging? Y or N

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

Age _____ Date of birth _____

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

Attended PCSL Referee Pre-season meeting? Y ___ N ___ Date: _____

Certified USSF Referee? Y ___ N ___ Date: _____

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 3/11/2024 to:

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

or

**email to: league@pcslsoccer.org
fax: 309-452-7633**