



# HYR Soccer Referee Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # where can you be reached Saturday mornings: \_\_\_\_\_

Type of Phone:  Mobile  Land Line

Email Address: (You must check this regularly) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Year in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

## **Playing Experience**

Where? League and/or school: \_\_\_\_\_

How Long: \_\_\_\_\_

Do you currently play for HYR?  Yes  No What Division? \_\_\_\_\_

## **Refereeing Experience**

Where? Number of Seasons/years

\_\_\_\_\_

Are you a certified referee?  Yes  No Date of Last Certification: \_\_\_\_\_

(HYR does not require a certification to referee.)

What division do you prefer to referee?  Div 1 (4 yr old)  Div 2 (5-6 yr old)  
 Div 3 (6-7 yr old)  Div 4 (8-9 yr old)  Div 5 (10-12 yr old)

Mail to: Patrick Fitzgerald 2513 Blvd Napoleon Louisville KY 40205

Or email to: [hyr@hcmloouisville.org](mailto:hyr@hcmloouisville.org)

Questions? Call Patrick Fitzgerald at 502.671.9701 or email [hyr@hcmloouisville.org](mailto:hyr@hcmloouisville.org)