

SUFFIELD PARKS & RECREATION DEPARTMENT

145 Bridge St., Suffield, CT 06078

(860) 668-3862

October 1, 2025

Dear Prospective Basketball Referee & Scorekeeper:

Thank you for your interest in being a Basketball Referee & Scorekeeper for the Suffield Parks & Recreation Department 2025 Recreation Basketball Program.

The Basketball Program dates are on Saturdays: December 20, January 10, 17, 24, 31, February 7, 14, 21, 28. Game times vary between 8:00 a.m. – 4:00 p.m. (March 7, Snow Date).

Applicants must complete and meet the following criteria listed below:

1. Complete Basketball Referee & Scorekeeper Application (on second page).
2. Have transportation to and from the program during program hours.
3. Be a Suffield resident, Age 12.
4. Commit to a **Mandatory Referee & Scorekeeper Training Clinic** on: TBD
5. Commit to a minimum of 6 out of 9 Saturdays. (See Dates listed above)

Once application is complete, please return to the Suffield Parks and Recreation Department, recreation@suffieldct.gov by Monday, December 1st.

If we do not receive your application by this date, we will assume that you are not interested in the Basketball Referee/Scorekeeper position.

Applicants should understand that this training program gives them a good on the job training experience, and does not promise a future job position.

Sincerely,

Suffield Parks & Recreation Department

(Attach.)

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Basketball REFEREE & SCOREKEEPER APPLICATION Date: _____

(Minimum Age 12)

Parks & Recreation games for Recreation Basketball Program will begin on Saturday, December 20 and continue through Saturday, February 28, 2026 (snow date March 7). Game times will range from 8:00 a.m. – 4:00 p.m. Referees & Scorekeepers are required to commit to a minimum of 6 out of 9 Saturdays.

Name: _____ Birth Date: _____ Age: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email Address: _____ (please print legibly)

Emergency Contact: _____ Phone: _____

Grade and School You Will Be Entering _____

Basketball Referee Experience: First Time Second Year Third Year Fourth Year

Circle One of the above

Experience with Suffield Parks and Recreation or Other Agency: _____

If other agency, list a contact person _____

Basketball Play Experience: _____

References (Teacher, Coach, Guidance Counselor, **not a relative**):

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____