



SUFFIELD PARKS & RECREATION DEPARTMENT

145 Bridge St., Suffield, CT 06078

(860) 668-3862

BASKETBALL REFEREE APPLICATION Date: _____

(Referee applicants must be at least 13 Years old.)

Name: _____ Birth Date: _____ Age: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email Address: _____

Emergency Contact _____ Phone: _____

Grade And School You are currently enrolled in? _____

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 & telephone number: _____

Basketball Play experience: _____

REFERENCES (Teacher, Coach, Guidance Counselor, *Not a relative*) :

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____