



SUFFIELD PARKS & RECREATION DEPARTMENT

145 Bridge St., Suffield, CT 06078
(860) 668-3862

Dear Prospective Flag Football Referee:

We are pleased that you are interested in being a Flag Football Referee for the Suffield Parks & Recreation Department Recreation Flag Football Program for the Fall of 2026.

The Flag Football Program dates are on Saturday Mornings: September 19, 26, October 3, 10, 17, and Saturday, October 24th for the end of season jamboree.

Game times vary between 9:00 a.m. – 12:00 p.m. on Saturday Mornings.

Applicants must complete and meet the following criteria listed below:

1. Complete Flag Football Referee Application. (Located on the following of this document).
2. Have transportation to and from games during program hours.
3. Be a Suffield resident aged at least 13 years old.
4. Commit to a **Referee Training Meeting** on: **TBD**
5. Commit to a minimum of 4 out of 6 Friday Game Nights.

Once you have completed the Flag Football Referee application, please turn in the document to the Parks and Recreation Department, 145 Bridge Street, Suffield. **OR** email it to: dleonard@suffieldct.gov

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,

Daniel Leonard, Recreation Supervisor

Suffield Parks & Recreation Department



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Flag Football REFEREE APPLICATION Date: _____

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

Name: _____ Birth Date: _____ Age: _____

Address: _____ Cell Phone: _____

_____ T-Shirt Size: _____

Email Address: _____

Emergency Contact _____ Phone: _____

Grade And School You are currently enrolled in? _____

Have you played in a Flag Football League? If so how many years? _____

How Many Years of Flag Football Referee experience do you have: _____

Experience with Suffield Parks and Recreation or Other Agency: _____

If other agency, list a contact person & telephone number: _____

Flag Football Play experience (Limited to no experience is okay. We will have a referees clinic before the season) :

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

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____