

SUFFIELD PARKS & RECREATION DEPARTMENT

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

June 18, 2025

Dear Prospective Soccer Referee:

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

The Soccer Program dates are on Saturdays: September 13, 20, 27 October 4, 11, 18, 25, Nov 1. Game times vary between 8:30 a.m. – 3:00 p.m. (November 8, rain date). Games with Referees will begin on September 14.

Applicants must complete and meet the following criteria listed below:

1. Complete Soccer Referee Application.
2. Have transportation to and from the program during program hours.
3. Be a Suffield resident, Age 12.
4. Commit to a **Mandatory Referee Training Clinic** on: TBD
5. Commit to a minimum of 5 out of 8 Saturdays. (See Dates listed above)

Once application is complete, please return to the Suffield Parks and Recreation Department, recreation@suffieldct.gov by Tuesday, September 2.

If we do not receive your application by this date, we will assume that you are not interested in the soccer referee 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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SOCCER REFEREE APPLICATION

Date: _____

(Minimum Age 12)

Parks & Recreation games for Recreation Soccer Program will begin on Saturday, September 13 and continue through Saturday, November 1, 2025 (rain date November 8). Game times will range from 8:30 a.m. – 3:00 p.m. Referees are required to commit to a minimum of 5 out of 8 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 _____

Soccer 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 _____

Soccer Play Experience: _____

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

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____