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**Level 5 – 7 Referee Registration Form**

## Season 2018/19

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
|  |  |
| **Postcode** |  |
| **Mobile Telephone Number (Match Day Contact)** |  |
| **Home Telephone Number (Not published)** |  |
| **Email Address** |  |
| **Parent County FA** |  |
| **2018/19 County FA Registration Number (where known)** |  |
| **Do you have your own transport?** | YES / NO |
| **Do you have any links with any competing Club?** | YES / NO |
| **Please provide the names of clubs linked to** |  |
| **What is your current level?** |  |
| **Are you on the Promotion Scheme, as of 01st March 2018?** | YES / NO |
| **Are you available for midweek appointments?** | YES / NO |
| **Are you available for Bank Holiday Appointments?** | YES / NO |

The 2018/19 season is likely to commence on Saturday 4th August 2018

**AVAILABILITY**

Please indicate which Saturdays you are available each month if possible.

|  |  |
| --- | --- |
| **SATURDAY** | **YES / NO** |
| 1st |  |
| 2nd |  |
| 3rd |  |
| 4th |  |
| 5th |  |
| AD HOC |  |

**PLEASE NOTE:**

UNLESS PREVIOUSLY AGREED, TO BE INCLUDED ON THE PANEL:

1. DIVISION 1 REFEREES MUST PROVIDE AT LEAST TWO SATURDAYS PER MONTH
2. ASSISTANT REFEREES MUST PROVIDE AT LEAST ONE SATURDAY PER MONTH

**Please complete and return this form by email to** **referees@scefl.com**

**PLEASE DO NOT SEND THIS FORM TO OUR PERSONAL EMAIL ADDRESSES**