

WOODSTOCK MINOR HOCKEY ASSOCIATION INC.

APPLICATION FOR REFEREEING / TIMEKEEPING

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ POSTAL CODE: _____

CELL PHONE: _____

BIRTHDATE: _____ E-MAIL: _____

REFEREEING: ____ HOUSELEAGUE: _____
MUST BE 14 YEARS OLD

HAVE YOU ANY EXPERIENCE? YES _____ NO _____

IF YES, HOW MANY YEARS? _____

AT WHICH AGE LEVEL? _____

ARE YOU WILLING TO ATTEND CLINCS? YES _____ NO _____

TIMEKEEPING: _____ TRAVEL: _____ HOUSELEAGUE: _____
MUST BE AT LEAST 12 YEARS OLD

HAVE YOU ANY EXPERIENCE? YES _____ NO _____

IF YES, HOW MANY YEARS? _____

AT WHICH AGE LEVEL? _____

LIST REASONS WHY YOU WOULD LIKE A JOB: _____

SIGNATURE: _____

THIS APPLICATION MUST BE FILLED IN BY THE PERSON APPLYING FOR THE JOB.