

West Islip Soccer Club  
 Director of Referees  
 P.O. Box 5  
 West Islip, NY 11795

## WISC Youth Referee Application



Contact Information	
<b>Candidate Name</b>	
Street Address	
City/State & Zip	
Parent Names	
Home Phone	
Cell Phone	
E-mail Address	
DOB/Age/Gender	

**All referees applying for 2009 – 2010 season must be 12 years old by August 1, 2009**

Referee Experience	
Is this your 1 <sup>st</sup> time Refereeing?	(Check one) Yes NO
If No - Year last refereed?	
Current Certification (LISRA/SCHOOL/SSI)	

Experience/Availability	
<b>ARE YOU CURRENTLY REGISTERED IN THE WISC AS A PLAYER / COACH?</b>	(Check one) Yes NO
What team & age group are you playing / coaching for the 2009-10 Season?	
What days are your games for the 2009-10 Season?	
What days / times can you Referee?	Saturday – Sunday AM - PM

Applicant Signature	Parent Consent / Signature
Applicants Name (print)	Parent's Name (print)
Applicants Signature	Parent's Signature
Date	Date