



Sharon Recreation Department
REFEREE APPLICATION

Name: _____

Address: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best way to contact you (please circle): E-mail Home Work Cell

Do you have a child in the program (please circle): YES NO

If yes, child's name: _____ Grade: _____

Why do you want to referee?:

Please explain your playing/coaching/referee experience:

Signature*: _____ Date: _____

**By signing this application, I agree to abide by all the rules and policies of the Sharon Recreation Department and the Recreation Basketball Program.*

Please return completed form to:

Recreation Department
121 Lakeview Street
Sharon, MA 02067

Your application will be reviewed and the Volunteer Program Coordinator will contact you.