



Sharon Recreation Department  
**REFEREE APPLICATION**

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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  
219 Massapoag Ave.  
Sharon, MA 02067

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