



AVAILABILITY FORM – FALL 2008

LONG ISLAND SOCCER REFEREES ASSOCIATION

101 Sunnyside Blvd., Suite 555, Plainview, New York 11803 PH: (516)576-0880 FAX: (516)576-8848

Please indicate, if any, of the following information has changed since last season (new phone, area code, address, etc.) by putting a check mark next to the changed entry.



NAME: _____

ADDRESS: _____

BIRTH DATE: _____ REFEREE #: _____ CURRENT USSF GRADE: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE NBR: _____ CELL PHONE NBR: _____

WORK PHONE NBR: _____ PAGER NBR: _____

EMAIL ADDRESS: _____ OCCUPATION: _____

I CAN / CANNOT BE TELEPHONED AT WORK.



AVAILABILITY



I CAN OFFICIATE SATURDAYS ___ YES ___ NO ___ ON CALL

I CAN OFFICIATE SUNDAYS ___ YES ___ NO ___ ON CALL

I CAN OFFICIATE WEEKDAYS ___ YES ___ NO ___ ON CALL

PLEASE LIST ANY INFORMATION THAT MAY BE HELPFUL TO THE ASSIGNORS
(Include any dates that you know you **CANNOT** referee this season.)

FOR OFFICE USE ONLY

CODE: _____

PAID DUES Y N DATE RECEIVED

CASH _____ CHECK # _____ AMOUNT PAID _____