 **South East London & Kent Youth Football League
Season 2018/19**

# Referee Registration Form

Please complete your details below, we ask that you enter the correct County Registration number for season 18/19 the number starts with the letters UR**. You will find this number is recorded on your County Receipt and also on the front page of your Whole Game web page. This number is proof that you have registered for season 2018-2019.**  Please do not enter your Fan number in this box as this does not confirm you have registered with your County for the new season. Once completed please return to the League Referee Secretary (sally@selkentsecretary) as an e-mail attachment.

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| --- | --- | --- | --- |
| **Full Name:** |  | **County Registration:****UR Receipt Number:** |  |
| **Contact Number:** |  | **County you have Registered with** |  |
| **Email Address:** |  | **Current Referee Level:** |  |
| **Age & Date of Birth:**  |  |  | **DBS Certificate Number:**(**Referees 16 and above**) |  |
| **Address & Postcode:** |   |
| **Do you have your own Transport:** |  Yes[ ]  No[ ]  |  | I agree to complete the on line Referee match card [ ]  |

**Please indicate your preferred age groups by marking the appropriate boxes:
(Please note that although you tick a box below we may appoint you to a game age relevant)**

|  |  |  |
| --- | --- | --- |
| **11-A-Side** | **11-A-Side** | **9-A-Side** |
| * U13 [ ]
 | * U16 [ ]
 | * U11 [ ]
 |
| * U14 [ ]
 | * U17 [ ]
 | * U12 [ ]
 |
| * U15 [ ]
 | * U18 to U21 [ ]
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| **Club Association: Are You a Member, or Related to a Member of a Club in this League.** Yes[ ]  No[ ]  |
| **Club Name:** |  |
| **Position: (i.e. Parent, Player, Manager etc)** |  |
| **Players must give the Team name and Age group they are associated with.**  |  |
| **Signed:** |  |
| **Date:** |  |