

APPLICATION TO REFEREE FOR THE Burlington City Rep Officials

PLEASE PRINT CLEARLY AND CHECK THE PROPER BOXES

NAME _____ Date of Birth (DD/MM/YYYY): _____

ADDRESS _____ CITY _____

POSTAL CODE _____ HOME PHONE _____

FAX NUMBER _____ EMAIL ADDRESS _____

BUSINESS PHONE _____ CELL PHONE _____

TRANSPORTATION Public Own _____

Current Referee HCOP Level None 1 2 3 4 5 6 _____

Registered: _____ OR Certified: _____

Years of experience refereeing? _____

HCOP / OMHA Number _____

Is Burlington the centre you are registered with in the OMHA: Yes No

Are you playing, coaching or a trainer for any registered hockey teams? Yes No
If you are, please indicate which one below:

Where did you certify/re-certify this year

OMHA GTHL Alliance OWHA Other _____

How many days of availability do you plan on giving the B.C.R.O. per week? _____

Please Read Carefully

Application can be sent in now. Submission of the application does NOT guarantee an officiating position within the Burlington City Rep Officials. Acceptance is also dependent of passing the yearly Hockey Canada re-certification clinic. Application must be received no later than April 30. Accepted applicants will be notified by mail no later than May 31.

Submit Application form to:
Burlington City Rep Hockey Club
C/o: BCRO Referee in Chief
1190 Blair Road,
Burlington, Ontario
L7M 1K9

Signature _____ Date _____