

**Application for**

**Metro DC-Virginia State Referee Program**

**School of Excellence**

**2019**

**Part A To be completed by the applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | First | Last |
| Address | | |  |  |
| Telephone | | | Home | Mobile |
|  | | | Work | E-mail |
| Date of Birth | | |  | Age |
| Occupation | | |  | Company |
| Marital Status | | |  |  |
| Year completed  Referee Beginners Course | | |  | Venue |
| Current Grade | | |  | Number of Seasons at this grade |
|  | | | Willing to travel (in-state / out-of-state) ? | Willing to have your game taped and served as an educational tool ? |
| Please list Leagues you have officiated on | | Start with your current League   |  | | --- | | 1 | | 2 | | 3 | | 4 | | | Seasons with this League   |  | | --- | | 1 | | 2 | | 3 | | 4 | |
|  | Please list your major appointments as a Referee | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| 4 |  | | | |
| 5 |  | | | |
|  | Please list your major appointments as an Assistant Referee | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| 4 |  | | | |
| 5 |  | | | |
|  | What in your opinion are the three best things about Refereeing? | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
|  | What in your opinion are the three most difficult things about Refereeing? | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
|  | What is your main ambition for your refereeing career? | | | |
|  |  | | | |
|  | What is your goal for Season 2015 | | | |
|  |  | | | |
|  | How many games did you officiate last season? | | | |
|  | As a Referee As an Assistant | | | |
| Why do you wish to attend the Metro DC-Virginia State Referee Program School of Excellence? | | | | |

To whom it may concern:

I, the undersigned wish to apply for a position on the 2015-2016 Metro DC-Virginia State Referee Program Referee School of Excellence

Name………………………………………………………………………..

Signature……………………………………………………………………

Date…………………………………………………………………………

**PART B To be completed by Nominating MDCVASRP Referee Observer**

I wish to nominate…………………………………………………………………

for the MDCVASRP Referee School of Excellence

Observer Name…………………………………………………………………..

Observer Signature………………………………………………………………

League…………………………………………………………………………….

***Please have this form completed and returned to:***

***Referee Mentoring Program***

***2241-E Tackett’s Mill Drive***

***Woodbridge, VA 22192***

***Completed forms must be returned by March 15, 2019***