Application Form for joining London Society of Rugby Football Union Referees

(fields marked \* are required; tab through each field. ^U18 requires parental consent)

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|  |  |
| **Name\*** | **Surname** | Click or tap here to enter text. |
|  | **Forename(s)** | Click or tap here to enter text. |
| **Address\*** | **1st Line** | Click or tap here to enter text. |
|  | **2nd Line** | Click or tap here to enter text. |
|  | **3rd Line** | Click or tap here to enter text. |
|  | **Post Code** | Click or tap here to enter text. |
| **Telephone\*** | **Home** | Click or tap here to enter text. |
|  | **Work** | Click or tap here to enter text. |
|  | **Mobile** | Click or tap here to enter text. |
| **Email Address\*** | Click or tap here to enter text. |
| **Date of Birth (dd/mm/yy)\*^** | Click or tap here to enter text. |
| **Occupation\*** | Click or tap here to enter text. |
|  |  |
| **Club Affiliation (if any)** | Click or tap here to enter text. |
| **Previous Referee Experience****(if applicable)** | Click or tap here to enter text. |
| **Previous Referee Society****(if applicable)** | Click or tap here to enter text. |
| **Previous Referee Grade/Level****(if applicable)** | Choose grade. |
|  |  |
| **Referee Course Completed****(dd/mm/yy)\*** | Click or tap here to enter text. |
|  |  |
| **Are you available to referee Midweek days/evenings (i.e. Mon – Fri)\*** | Yes - [ ]  No - [ ]  |
|  |  |
| **Any Other Information** | Click or tap here to enter text. |
| **Parent / Guardian email address & phone number** |  |
| **Parent / Guardian consent: Name & signature** |  |

Completed form must be emailed to Tim Lynch – tim.lynch@londonrugby.com