

MCOA REFEREE INFO

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

EMAIL: _____

PHONE: _____ **HOME** _____ **WORK** _____ **CELL**

WORK LOCATION: _____

WORK HOURS: _____

HIGH SCHOOL YOUR KIDS ATTEND: _____

SCHOOL YOU WISH TO SCRATCH: _____

REFS YOU WISH TO SCRATCH: _____

GAME PREFERENCES: BOYS ___ **GIRLS** ___ **JV** ___ **VAR** ___

LINES ___ **CENTERS** ___

UNAVAILABILITY: NIGHTS YOU HAVE CLASS, OUT OF TOWN, WISH TO WATCH YOUR KID PLAY, _____

CAN YOU WORK EARLY GAMES _____