



Millet Minor Hockey Association

Box 146, Millet, Alberta T0C 1Z0

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Website: www.milletminorhockey.com

REFEREE APPLICATION FORM

-Please Print Clearly-

Season: _____

Name: _____ Date of Birth: ____/____/____
(MM/DD/YY)

Mailing Address: _____ City/Town: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Number of years that you have Refereed: _____ Association: _____

Referee Courses:

Referee Level: _____

Please list **TWO** references who can verify your refereeing experience:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Signature

Date

Submit this form to ric@milletminorhockey.com