

IDRURA REFEREES REGISTRATION FORM FOR 2006 SEASON

Surname:				Other Names:			
Home Address							
Unit/House No:		Street Name:					
Suburb:			Postcode:		YOB:		
Postal Address:							
Unit/House No.:		Street Name					
Suburb			Postcode:				
Wife/Partner Name							
Phone Numbers and E-mail							
Home:				Work:			
Private Mobile:				Work Mobile:			
Preferred Fax:				Useable E-Mail address:			
Category of Membership: (please tick)							
Referee	<input type="checkbox"/>	Referee Coach	<input type="checkbox"/>	Touch Judge	<input type="checkbox"/>	Social Member	<input type="checkbox"/>
Referee Qualifications Current Accredited level. (please tick and indicate present level)							
Referee	<input type="checkbox"/>	Referee Coach	<input type="checkbox"/>	Player Coach	<input type="checkbox"/>	Touch Judge	<input type="checkbox"/>
Referee Experience:							
Year First Refereed with Illawarra							
Year First Refereed with other Association							
If answering previous nominate which Association							
Highest level of appointment							
Availability:							
Available for appointment from							
Available for Junior fixtures (Sunday morning)							
Available for Midweek Fixtures Yes/No (Indicate day and area of your availability)							
Indicate any restriction to your availability to referee							
Referees Gear Sizes:							
Jersey x2 (S) (M) (L) (XL) (XXL) (XXXL)							
Shorts 1 (30) (32) (34) (36) (38) (40) (42) (44) (46)							
Socks 1 medium 7-11 and Large 12-15							
I agree to abide by the Laws of the Game as issued through the International Rugby Board and the articles of both the NSW Rugby Union and the Illawarra District Rugby Union.							
Signed							
Date							
Please return to Arthur Watts, Illawarra Rugby Union Referees Association, PO Box 1453 Nowra 2541, or e-mail arthur_watts@yahoo.com.au							