 **South East London & Kent Youth Football League
Season 2017/18**

# Referee Registration Form

Please complete your details below, we ask that you enter the correct County Registration number for season 17/18 the number requested is the receipt number you receive, as confirmation of your affiliation payment for season 2017-2018.

The receipt number for the new season starts with the following letters **T-LON** this is followed by a number. Please do not enter your Fan number as we do not require this number and it does not confirm you have registered for season 2017-2018. Once you have completed the form please return it to the League Referee Secretary (sally@selkentsecretary) as an e-mail attachment.

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| --- | --- | --- | --- | --- |
| **Full Name:** |  | **County Registration:****Receipt Number:** | T-LON |  |
| **Contact Number:** |  | **County you have Registered with** |  |
| **Email Address:** |  | **Current Referee Level:** |  |
| **Age & Date of Birth:**  |  |  | **DBS Certificate Number:**(**Referees 16 and above**) |  |
| **Address & Postcode:** |   |
| **Do you have your own Transport:** |  Yes[ ]  No[ ]  | **I agree to complete the on line Referee match card for all appointments** |  Yes[ ]  |

**Please indicate your preferred age groups by marking the appropriate boxes:
(Please note that although you tick a box below we may appoint you to a game age relevant)**

|  |  |  |
| --- | --- | --- |
| **11-A-Side** | **11-A-Side** | **9-A-Side** |
| * U13 [ ]
 | * U16 [ ]
 | * U11 [ ]
 |
| * U14 [ ]
 | * U17 [ ]
 | * U12 [ ]
 |
| * U15 [ ]
 | * U18 to U21 [ ]
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| **Club Association: Are You a Member, or Related to a Member of a Club in this League.** Yes[ ]  No[ ]  |
| **Club Name:** |  |
| **Position: (i.e. Parent, Player, Manager etc)** |  |
| **Signed:** |  |
| **Date:** |  |