

REFEREE APPLICATION
Glanbrook Minor Hockey Association

PLEASE PRINT CLEARLY AND CHECK THE PROPER BOXES

Name:	Date of Birth (dd/mm/yyyy): / /
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Address:	City:
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Postal Code:	Email Address:
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Home Phone:	Cell Phone:
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Current Referee Level: None:___ 1:___ 2:___ 3:___ 4:___ 5:___ 6:___

Registered:___ OR Certified:___

Years of Experience Officiating:

HCOP or OMHA Officials Number:

Is Glanbrook Currently your Home Centre within the OMHA: Yes:___ No:___

Are you playing, coaching or a trainer for any registered Hockey Teams? Yes:___ No:___
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If Yes, please indicate team and official position here:
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If you are currently officiating with another Member Branch, please indicate below:

GTHL:___ Alliance:___ OWHA:___ Other (please list):_____

How many days of availability do you plan on giving to Officiate per week?:

Please Read Carefully

Applications can be sent directly from the applicant to: kylemelko@hotmail.com

Submissions received indirectly from Applicants (Ex. From Parents, Brothers, Sisters, etc) will not be processed.

Submission of an application does NOT guarantee an officiating position on the Glanbrook Minor Hockey Staff.

Acceptance is also conditional on passing the yearly Hockey Canada Re-Certification Clinic.

Questions or Inquiries can be directed to:
Kyle Melko (Referee-In-Chief)
Email: kylemelko@hotmail.com
Cell: (905)719-0693