**PAISLEY JOHNSTONE & DISTRICT YOUTH FOOTBALL LEAGUE**

**Affiliated to the Scottish Youth Football Association**

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**61 Newton Avenue, Cambuslang, G72 7RL mobile; 07846465529**

**wilsontp75@gmail.com**

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**To be completed in CAPITALS (for Season 2018-2019)**

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NAME: …………………………………….… Are you a paid up Member of your Association:

DOB: ………………………. AGE: ……. YES / NO

ADDRESS: ………………….…………………………………….………………….………………

TOWN: ……….………………………………. POST CODE: ………………………….…………

Contact Telephone numbers (only give numbers you wish to be contacted at)

HOME NO: …………………………………… MOBILE NO.: ………………………………

EMAIL ADDRESS (**mandatory, but will not be given out to teams – League/Disciplinary Secretary will keep in contact with referees using email**):

………………………………………………………………. Please tick where applicable**.**

Are you associated with any team in our League? YES NO If Yes, please give details:

……………………………………………………………………………………………

Mornings - 13’s, 14’s and 15’s Afternoons - 16’s 17’s and 19’s

What age groups would you like to referee? (Not necessarily the age groups you will be allocated.)

13’s 14’s 15’s 16’s 17’s 19’s

**Please remember that you MUST always post teamlines. Whether you are enclosing misconduct reports or not! Any referee found not doing this will be dropped from the League. Make sure you mark the scores and note if substitutes have played/not played. Remember teamlines and Misconduct Reports must be sent within 3 days of game, using the correct postage. Note that the League/Disciplinary Secretary will contact you by email, teams and Match Secretaries by text and phone. No friendly games should be accepted unless you have confirmed that teams have a permit – any referee found refereeing a game that does not have a permit will be banned from the League. Permit, teamlines and misconduct reports must be sent to me for any permitted friendlies.**

By signing below, you agree to the conditions above.

Signature: ………………………………………………… (**mandatory**)

Refereeing Registration No.: ………......... Refereeing Association: ………………..