

PARKVIEW VOLLEYBALL REFEREE DATA SHEET AND AVAILABILITY

NAME _____ E-mail address: _____
Address _____
City, ZIP _____ Cell Phone # _____
Home Phone _____
Work Phone _____ Soc. Sec# _____
AGE (Optional) _____ Preferred Partner? _____

Certification/Experience: Check all that apply.

USA - In Training _____ Provisional _____ Regional _____ Jr. National _____
WIAA - **LEVEL** _____ **License #** _____ Years Exp. _____
Grade School - Years Exp. _____ League _____
Recreation League - Years Exp. _____ League/Level _____
Player - Level _____ Years _____
Coach - Level _____ Years _____
Additional Experience / Comments: _____

Preferred Gyms if any: _____
Gyms you prefer not to work at if any: _____
Refs you prefer not to work with if any: _____

Availability: Check all that apply.

Saturday 9/10	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 9/11	NOON - 5 PM _____	
Saturday 9/17	9AM - 1PM _____	1PM - 5 PM _____
Sunday 9/18	NOON - 5 PM _____	
Saturday 9/24	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 9/25	NOON - 5 PM _____	
Saturday 10/1	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 10/2	NOON - 5 PM _____	
Saturday 10/8	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 10/9	NOON - 5 PM _____	
Saturday 10/15	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 10/16	NOON - 5 PM _____	
Saturday 10/22	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 10/23	NOON - 5 PM _____	
Saturday 10/29	9AM - 1 PM _____	1PM - 5 PM _____
Sunday 10/30	NOON - 5 PM _____	

COMMENTS:

PLEASE RETURN THIS FORM NO LATER THAN Friday JULY 29, 2005 TO:

**ROGER LEWICKI
W176S8670 NATURE COURT
MUSKEGO, WI 53150**