



REFEREES REGISTRATION FORM

This form is to be completed by those who wish to referee Masters Rugby League games.

Please print in block letters when completing this form	
Name:	
Date of birth:	
Address:	
Referee ID no:	
Daytime phone:	
Mobile phone:	
Email address:	
Please tick the box that is relevant to you: <input type="checkbox"/> Existing Referee <input type="checkbox"/> New Referee	
If you are an existing referee, tick the box that is relevant to you: How many years have you been refereeing Masters? <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> 6 yrs and over	
Completed Masters Referee's course and the Referee's Assessment of the Masters Rugby League rules: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby declare that all the information provided above is true.

I agree to strictly obey and abide by the rules and code of conduct of the Masters of Rugby League.

It is my responsibility to ensure that I control any Masters Rugby League games in accordance with the Masters of Rugby League laws of the game.

Please sign below and forward to:

Signed:

Date:

Postal address: 20 Banks Road, RD5, Papakura 2585.

Any questions feel free to contact:

Maxine Godinet (Secretary of MRLNZ Inc)
Phone: 021 2935105 (after 6.30 p.m.)
or by email to: godinetmaxine@outlook.com