

MFRA APPLICATION FOR NEW MEMBERS

Name: _____

Address: _____

Street City/Prov Postal Code

Phone: Home: _____ Cell: _____

Email: Main: _____ Alternate: _____

Are you 15 years or older: Yes: No:

Position Applied: On-Field Official: Cruncher only: Time Keeper:

Available: Saturday Sunday Wed Thurs

Preferred Pay Cycle: Mid&End End of Season:

FOR OFFICIALS ONLY:

Jersey Size: M: L: XL: XXL:

Will you be playing tackle football: Yes: No:

If yes, what level: HS-JV: HS-V: Midget: Major:

JR: CIS:

Have you ever officiated tackle football: Yes: No:

**Complete this section only if you answered yes to above:				
Certification Level: _____	Respect In Sport:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Positions officiated:	HR: <input type="checkbox"/>	UMP: <input type="checkbox"/>	HL: <input type="checkbox"/>	LJ: <input type="checkbox"/>
Most comfortable officiating:	HR: <input type="checkbox"/>	UMP: <input type="checkbox"/>	HL: <input type="checkbox"/>	LJ: <input type="checkbox"/>

Signed: _____

Dated: _____

Signature of legal guardian is required if under the age of 18:

Signed: _____

Dated: _____