



Grand Haven Area Public Schools  
1415 Beechtree St., Grand Haven, MI 49417  
Phone: 616.850.5125 Fax: 616.850.5127  
[nora.ghaps.org](http://nora.ghaps.org)

## Inline Referee Employment

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Last Grade completed in School \_\_\_\_\_

Have you ever refereed for Inline Hockey or Ice Hockey \_\_\_\_\_

If yes, how many years and for what division(s) \_\_\_\_\_

Are you interested in attending referee clinics? \_\_\_\_\_

**Office use – do not write below line unless testing**

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1. Is there a call? \_\_\_\_\_

What is the call? \_\_\_\_\_

Why? \_\_\_\_\_

2. Is there a call? \_\_\_\_\_

What is the call? \_\_\_\_\_

Why? \_\_\_\_\_

3.

1. Yes or No

2. Yes or No

3. Yes or No

4. Yes or No

5. Yes or No

