

WASA Referee Availability Fall 2008

Name: _____ Phone: _____

Email: _____ Cell: _____

Please draw an **X** through each date or time when you CANNOT referee.

The absence of an **X** means you CAN referee.

Examples:

W	TH	F	S
1	2	3	4
X	2	X	4
1	2	3	4
1	2	3	X

Saturday Games Starting At:

9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00
9:00	10:00	11:00	X 12:00
9:00	10:00	11:00	12:00

Available for any game

Not available on Wednesday or Friday

Not available for 12:00 game on Saturday

Not available for any Saturday games

September

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Saturday Games Starting At:

9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00

Special requests/field preferences

We will do our best to accommodate your requests

October

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Saturday Games Starting At:

9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00
9:00	10:00	11:00	12:00

November

S	M	T	W	TH	F	S
30						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Send your completed form to:

Phil Sticksel

1918 Solera Drive

Columbus, OH 43229