

Stittsville Minor Hockey Referees Association
Application for Membership

Name:	
Address:	
City:	
Postal Code:	
Phone Number:	

Previous Hockey Officiating Experience:		
Where:	NRCP Level	NRCP No:

Previous Hockey Experience:	
Where:	Level:

Current Work or School Status:

Briefly describe why you would like to become an official:

Please forward applications by August 24th, 2007 to the Referee in Chief either by email, ref.chief@stittvillemha.com or fax, 613-831-0317.