



BERMUDA FOOTBALL ASSOCIATION

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www.bermudafa.com

BERMUDA FOOTBALL ASSOCIATION
YOUTH REFEREES REGISTRATION FORM
2020/2021

Name: _____
(PLEASE PRINT)

PHONE NUMBER: HOME: _____ CELLULAR: _____

DATE OF BIRTH: ____/____/____ AGE: _____
DAY / MONTH / YEAR

I WISH TO BE INCLUDED ON THE ASSOCIATION'S REGISTER OF REFEREES FOR THE 2020/21 SEASON.

ADDRESS MUST BE FILLED OUT

ADDRESS: _____

E-MAIL ADDRESS: _____

MEMBERSHIP TO B.F.A..... \$25.00
Please note: A match fee will be deducted from your cheque and donated to the Bermuda Football Association.

I HEREBY REGISTER AS A REFEREE WITH THE BERMUDA FOOTBALL ASSOCIATION AND ACCORDINGLY AGREE TO ABIDE BY THE CONSTITUTION, BYE-LAWS, STANDING ORDERS AND REGULATIONS OF THE ASSOCIATION.

SIGNATURE: _____ DATE: _____
(REFEREE)