



# BERMUDA FOOTBALL ASSOCIATION

P O Box HM 745

Hamilton HM CX

Tel: 441-295-2199

Fax: 441-295-0773

www.bermudafa.com

## REFEREE ASSESSORS REGISTRATION FORM

**2021/2022**

Name: \_\_\_\_\_  
(PLEASE PRINT)

PHONE NUMBER: HOME: (441) \_\_\_\_\_ WORK: (441) \_\_\_\_\_  
CELLULAR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
DAY / MONTH / YEAR

I WISH TO BE INCLUDED ON THE ASSOCIATION'S REGISTER OF ASSESSORS FOR THE  
**2021/22 SEASON.**

**ADDRESS MUST BE FILLED OUT**

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### AVAILABILITY (PLEASE STATE YES OR NO)

MONDAYS (P.M.)	
TUESDAYS(P.M.)	
WEDNESDAYS (P.M.)	
THURSDAYS (P.M.)	
FRIDAYS (P.M.)	
SATURDAYS (A.M.)	
SATURDAYS (P.M.)	
SUNDAYS (P.M.)	
HOLIDAYS (P.M.)	

ENCLOSED IS MY REGISTRATION FEE:-

**MEMBERSHIP TO B.F.A.....\$100**

**NOTE:** ALL ABOVE INFORMATION MUST BE FILLED IN FULL.



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## FOR NON-BERMUDIAN NATIONAL ASSESSORS

Do you have approval to referee from your employer and/or the Department of Immigration? (if applicable)

YES ( ) *Please Tick* NO ( )

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: \_\_\_\_\_  
(ASSESSOR)

You are encouraged to join and assess Referees.

Please contact:

Chairman Referees Committee - Mr. Crenstant Williams: 337-8693

email: [younglionz26@gmail.com](mailto:younglionz26@gmail.com)

- Forms can be emailed to [bfa@bermudafootball.com](mailto:bfa@bermudafootball.com)