



VI Referee Registration Form 2018 (Please fill in using BLOCK capitals)

First Name	Mandatory								
Surname	Mandatory								
Address	Mandatory								
Phone:	(H): (W): (M): Mandatory								
E-mail:	BLOCK CAPITALS								
Referee Qualifica	ation:						Year of Qualification:		
Place of Qualification:							Referee License #:		
							Code of Ethics Certificate	Mandatory (see notice	
Garda Vetted: (T	ick box)	Yes		No			Number:	below)	
Referee		Are y	ou register	ing / registei	red as a	play	<u>er and / or coach</u> for the I		
Appointment Information:	Yes						No		
(for the purposes	Plana fem					Are you affiliated / affiliating with a club for			
of referee		Ì	Player for: Mandatory				the 2017/18 season?		
appointments for	Team:		1:				Yes No		
League matches, only applicable	C	Club: Mandatory							
for referees	Division:		Mandatory				If yes, please state the club:		
involved in the	Coach for:								
National League)	Team: Mandatory						NOTE - If the stated club wishes to include you as one of its		
		aiii.	Mandatory		_		1	onal League as per Competitions	
	-	Club.			_		Rule 6.4.4.2, it must apply for an exemption to this rule in writing, either by e-mail to info@volleyballireland.com , or attached with this form.		
		Division: Mandatory							
	Please select method of payment						Paypal 🗆 💢 C	heque/Postal Order	
Fee:	1 st Time Registration & License €30						* Top Size: S: M: L:		
	Subsequent Registration & License			€20		* Referees registering with the VII for the first time will receive a VI Referee t-shirt			
_	• 2018 Registration is valid between 1st January 2018 and 31st December 2018.								
 If you are renewing your refereeing license, please return your current license with affixed photo. If you are seeking a new or replacement license, please attach a passport photo (signed on back) with this form. 									
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