

Oconto Park & Recreation

OFFICIALS/SUPERVISOR APPLICATION

NAME: _____ TELEPHONE (HOME): _____

TELEPHONE (WORK): _____ TELEPHONE (CELL): _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS (PRINT): _____

Please indicate each day you are available to work and each position in which you would like to work.

AVAILABILITY

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Softball

Men's Slow Pitch 18&over
 Church League
 Adult Co-ed

Kickball

Adult Co-ed

Football

Men's 7 on 7
 Men's 4 on 4

Weekend Tournaments

Kickball Tournament
 Softball Tournament
 Volleyball Tournament
 3 on 3 Basketball Tournament

Supervisor

Volleyball League
 Horseshoe League

OF GAMES PER WEEK _____ SPECIAL REQUESTS _____

DAYS NOT AVAILABLE (please list) _____

EXPERIENCE - TRAINING

Certification Level _____ # Of Officiating Years _____

Clinics Attended (include dates) _____

Levels of Officiating (Experience)

Youth Recreation Middle School Junior Varsity Varsity
 Collegiate Adult Recreation Tournament

Applicant Signature _____ Date _____

Please return application to Park & Recreation Department inside City Hall.