



## QCMBL Referee Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ # years refereeing: \_\_\_\_\_ # years playing: \_\_\_\_\_

Level of certification: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete form and email to: [qcmboxlax@gmail.com](mailto:qcmboxlax@gmail.com)

Send by mail to:

Queen City Minor Box Lacrosse  
P.O. Box 27052, 420 Albert Street  
Regina, Saskatchewan S4R 8R8

Attention: **Referees**

For further info contact QCMBL at [qcmboxlax@gmail.com](mailto:qcmboxlax@gmail.com)

