



San Francisco Police Activities League

350 Amber Drive Rm.203, San Francisco, CA 94131

www.sfpal.org / 415.401.4666

BASKETBALL REFEREE INTEREST FORM

SEASON _____

Please complete this form to the best of your ability; it is very important that your NAME, SOCIAL SECURITY NUMBER, and CONTACT INFORMATION are CLEARLY LEGIBLE. If we cannot read your information, we will not be able to pay you for your games.

PERSONAL INFORMATION

Name: _____
(First) (Last) (Middle Initial)

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Best time to call: _____

AVAILABILITY

Weeknights preference (Please Circle): MON TUES WED THURS FRI

Weekend availability (Please Circle): SATURDAY SUNDAY

If transportation is a problem, please list your preferred gyms or neighborhoods: _____

SFPAL/SFRPD EXPERIENCE

If you coach an SFPAL/SFRPD basketball team(s), list them and their grades: _____

If you are new to SFPAL/SFRPD, please list your prior experience: _____

Do you wish to continue receiving our notices or have you retired from officiating? :

(Please circle one): REMOVE CONTINUE