



Gold Coast Champions Youth Cup
Referee Application

Referee Number

Referee Information

First Name	_____	DOB	_____
Last Name	_____	Age	_____
Affiliated Club/School Club	_____		

Contact Information

Address	_____		
Suburb/City	_____		
State	_____	PostCode	_____
Best Contact Number	_____		
Email	_____		
Emergency Contact	_____	Phone	_____

Refereeing Experience

Referee Level	Year Completed	Years Exp
Past Experience		
Availability During Tournament		

Please email completed form to referees@championsyouthcup.com