

Buffalo Hockey Referees, Inc.

Membership Application

Today's Date: _____

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Cell /Pager: _____

Current USA Hockey Level 1 2 3 4 Years Experience _____

List all hockey experience playing/reffing _____

Officials Under 18 Years Old Must Have a Parent/ Guardian Signature

Parent/Guardian: _____

Current Youth/High School Teams Playing /Coaching For: _____

Mail Forms to: (Application, Independent Contractor, Check)
Buffalo Hockey Referee's, Inc.
180 Evergreen Dr
Tonawanda, NY 14150

Make \$30 Check for yearly membership dues payable
to: **Buffalo Hockey Referees, Inc.**

Any questions please call Chad 716-795-2423 or chad@roadrunner.com

Please leave blank, for filing purposes only:

Date _____ Dues Paid _____ Independent Contractor _____