

# SDSRA AVAILABILITY SHEET FOR AUG 2010

**ASSIGNER: Phone No. 975-3427 Fax No. 975-3416**

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**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**WHAT TEAM, AGE AND DIVISION DO YOU PLAY IN?**

**OTHER AGE AND DIVISIONS YOU HAVE A CONFLICT WITH:**

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**PRINT THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO REFEREE.  
LEAVE OUT THE DAYS THAT YOU ARE NOT 100% SURE OF.**

**AVAILABILITY SHEETS MUST BE IN BY THE 10<sup>TH</sup> of the previous month**  
**Those that hand in these sheets on time will be given first priority as to games assigned.**  
**Failure to hand in an availability sheet will result in NO GAMES.**

| SUN                         | MON                         | TUE                         | WED                         | THU                         | FRI                         | SAT                         |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1 <input type="checkbox"/>  | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/>  | 4 <input type="checkbox"/>  | 5 <input type="checkbox"/>  | 6 <input type="checkbox"/>  | 7 <input type="checkbox"/>  |
| 8 <input type="checkbox"/>  | 9 <input type="checkbox"/>  | 10 <input type="checkbox"/> | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> |
| 15 <input type="checkbox"/> | 16 <input type="checkbox"/> | 17 <input type="checkbox"/> | 18 <input type="checkbox"/> | 19 <input type="checkbox"/> | 20 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| 22 <input type="checkbox"/> | 23 <input type="checkbox"/> | 24 <input type="checkbox"/> | 25 <input type="checkbox"/> | 26 <input type="checkbox"/> | 27 <input type="checkbox"/> | 28 <input type="checkbox"/> |
| 29 <input type="checkbox"/> | 30 <input type="checkbox"/> | 31 <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |

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| Field Preferences: |  |
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