

SDSRA AVAILABILITY SHEET FOR NOV 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:

**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 10TH 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
<input type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Field Preferences:	
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