

MFRA QUESTIONNAIRE FOR RETURNING MEMBERS

Name: _____

Address: _____

Street City/Prov Postal Code

Phone: Home: _____ Cell: _____

Email: Main: _____ Alternate: _____

Position: Official: TK:

Respect In Sport: Yes No

Availability: Saturday Sunday

Do you have access to a car: Yes: No:

Are you willing to car pool: Yes: No:

Are you willing to volunteer one evening for fundraising: Yes: No:

Preferred Pay Cycle: Monthly End of Season:

FOR OFFICIALS ONLY:

Certification Level: _____

Positions officiated: HR: UMP: HL: LJ:

Most comfortable officiating: HR: UMP: HL: LJ:

Jersey Size: M: L: XL: XXL:

Number:

Will you be playing tackle football: Yes: No:

If yes, what level: HS: Midget: Juvenile: Major:

Willing to do cross-over games with MFOA if selected: Yes: No:

****MUST BE 18 AND OVER TO BE ELIGIBLE FOR CROSS-OVER GAME***

Signed: _____

Dated: _____

Signature of legal guardian is required if under the age of 18:

Signed: _____

Dated: _____