



Referees for Naugatuck Youth Soccer

Name: _____

Address: _____

Phone: _____

Email: _____

Parent Email/Phone (*if under 18*): _____

Availability: _____

Please return form to NYS Ref Assignor, Krista Gloden, via email:
refassignornaugatuck@gmail.com or mail NYS, PO Box 772, Naugatuck, CT 06770.

(If payment from NYS totals \$600 or more, SSN must be given to NYS Treasurer.)