AND THE PROPERTY OF THE PROPER			Area 1F Fo eferee Infor		-	FOUI	FOUNDER'S CUP AREA'IF FLOS REDAS SAM PEOR SAM PEOR CA		
I plan to bring	a referee tean	n to the tour	rnament Y/N:	R	eferee Inform	ation Form Date:			
Region:	٦	eam Name:							
Coach Name:									
Age Division:	10U	12U	14U	16U	19U	Boys	Girls	Coed	
Referee Team	Contact Perso	מר							

Name:

Email Address: Evening Phone:

Day Phone:

Provide the following information for each referee.

- For "Badge Level", insert R = Regional, I = Intermediate, A = Advanced, N = National. Also the date they were certified at that level.
- In each box under "Center/Assistant/Boys/Girls", provide the highest level they are competent to referee (e.g. BU-10, GU-12, etc.)
- In "Player on Team", indicate if the referee has a child who is playing in the tournament on this team.

				Center		Assistant		Player	
	Referee Name	Badge Level	Certifica- tion Date	Boys	Girls	Boys	Girls	on Team (Y/N)	Home Phone/ Email
-		Level	tion Date	BOys	GIIIS	DOys	Gins	(1/1)	TIOME FILME/ Email
1									
1									
2									
2									
3									
5									
4									
4									

Each referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult.

		L	IVI	0
Number of Shirts Needed				

VVI

VI

Regional Referee Administrator's Name

Phone Number

Email

By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating 10U through 14U games as indicated above.

RRA Signature and date (Blue ink please)

Area Referee Administrator's Name

Phone Number

Email

By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating 16U and 19U games as indicated above.

ARA Signature and date (Blue ink please)