



1st Annual Summer Sizzle Tournament

Referee Information Form

I plan to bring a referee team to the tournament Y/N: _____	Referee Information Form Date: _____
Region: _____ Team Name: _____	
Coach Name: _____	
Age Division: <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Coed	

Referee Team Contact Person	
Name: _____	Email Address: _____
Day Phone: _____	Evening 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 all cases, you must provide referees that are qualified at a minimum to officiate the age division of your team.
- In "Player on Team", indicate if the referee has a child who is playing in the tournament on this team.

	Referee Name	Badge Level	Certification Date	Center		Assistant		Player on Team (Y/N)	Home Phone/ Email
				Boys	Girls	Boys	Girls		
e x	JOHNNY WHISTLE	A	6-2002	U14	U16	U19	U19	Y	(213) 555-1212 JWHISTLE@AYSO665.ORG
1									
2									
3									
4									

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

	XXL	XL	L	M	S
Number of Shirts Needed					

Regional Referee Administrator's Name
Phone Number
Email

By my signature below, I certify that all referees listed are certified AYSO referees and qualified for officiating U10 through U14 games.

RRA Signature and date (Blue ink please)

Area Referee Administrator's Name
Phone Number
Email