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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AYSO Logo (Official) | | **22nd Annual KICKOFFF CLASSIC** 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: 8U** | | |  | **10U** | | |  | **12U** |  | | **14U** |  | | **16U** | | |  | **19U** |  | **Boys** | |  | **Girls** | |  | **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 “Referee/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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Referee Name | Badge Level | Certifica- tion Date | Referee | | Assistant | | Player on Team (Y/N) | Home Phone/ Email |
| Boys | Girls | Boys | Girls |
| 1 |  |  |  |  |  |  |  |  |  |
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| 2 |  |  |  |  |  |  |  |  |  |
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| 3 |  |  |  |  |  |  |  |  |  |
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| 4 |  |  |  |  |  |  |  |  |  |
|  |

Each referee will receive a tournament T-Shirt (max of 3 per Team). 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 trained and Safe Haven certified AYSO referees and qualified for officiating 8U through 14U games as indicated above.** | | | | | | | | | | |
|  | | | | | | | | | | |
| RRA Signature and date (Blue ink please) | | | | | | | | | | |

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| 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) | | | | |