



28th Annual Santa Clarita Valley Soccer Showdown Referee Information Form



I plan to bring a Referee team to the tournament Y/N: _____	Referee Information Form Date: _____
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Region: _____ Team Name: _____
Coach Name: _____
Age Division: U-10 U-12 U-14 U-16 U-19 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 "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.

	Referee Name	Badge Level	Certification Date	Center		Assistant		Player on Team (Y/N)	Cell Phone / Email
				Boys	Girls	Boys	Girls		
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
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By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees, and qualified for officiating U-10 through U-14 games as indicated above.

RRA Signature and date (Blue ink please)

Area Referee Administrator's Name	Phone Number	Email
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By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees, and qualified for officiating U-16 and U-19 games as indicated above.

ARA Signature and date (Blue ink please)