AYSO Apricot Jam Referee Information Form

Girls March 29 & 30, 2014 and Boys April 5 & 6, 2014

I plan to bring a referee team to the tournament Y/N:		**Referee Information Form Date:**	

Region#: _____ **Region Name:** _____

Coach Full Name: _____

Age Division: **U-10** ☐ **U-12** ☐ **U-14** ☐ **Boys** ☐ **Girls** ☐

The Referee Refund Check should be mailed to: AYSO Reg#_____Attn:_____

Mailing Addresss:_____

City_____ State:_____ Zip:_____

Your team's $225 referee deposit will be refunded if you provide a qualified referee team, and if all scheduled assignments are complete. A "qualified" referee team should contain 3 Experienced Regional Referees for U10 teams, **at least** one Intermediate Referee for U12 teams and **at least** one Advanced Referee for U14 teams all of whom are registered as a volunteer for the 2013 season and have completed the current Safe Haven (after 6/2011) and the CDC Concussion Awareness training. Referees may only represent one team at a time. Referee teams may be divided and scheduled separately based on the needs of the tournament. Referees who do not have children participating in the tournament will be assigned matches to best accommodate the tournament match and referee schedule. **We prefer that coaches with teams playing in the Tournament refrain from refereeing because we do assign referee crews immediately before and immediately after their teams' games.** Any changes or Substitutions to your referee crew require the submission of a new form signed by your Regional Commissioner or Regional Referee Administrator. Review the Tournament Referee Plan for complete details.

Referee Team Contact Person

Name: _____ **Email Address:** _____

Cell Phone: **Home Phone:**

Provide the following information for each referee: Name and AYSO ID# (**We will verify that each referee has completed the current Safe Haven (after 6/2011) & Concussion Awareness & is Registered for the 2013 season). Please indicate if a Youth 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.

	Print Referee Name **& ID#**	Badge Level	Cert Date	Center		Assistant		Player on Team (Y/N)	Home Phone/ Email
				Boys	Girls	Boys	Grls		
1	_____								
2	_____								
3	_____								
4	_____								

By my signature below, I certify that all **referees listed are Registered for the 2013 season, Safe Haven & CDC Concussion Certified, AYSO referees** and qualified for officiating U-10 through U-14 games as indicated above.

_____ _____ _____

Regional Referee Administrator's Name Phone Number Email

_____

RRA Signature and date (Blue ink please)