



REFEREE APPLICATION AND INFORMATION SHEET

LOCATION: Medford, Oregon
DATES: June 16 - 20, 2010

Schedule arrival in time to attend Pre-Tournament Clinic on the afternoon of Wednesday, June 16.
[Please type or print legibly and dark]

Name _____
Last First USSF #

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Birthdate ____/____/____
(mm/dd/yyyy)

E-mail address _____ Previous Experience at Region IV Tournament ____ (in years)

Referee Experience

Date Attained Current Grade: _____

Current USSF Referee Grade [08] [07] [06] [05] [04-03] [Emeritus]

Games:	U16 and under		U19/18/17		Other Amateur		Top Amateur/Div I		National/Regional	
	Referee	Asst. Ref	Referee	Asst. Ref	Referee	Asst. Ref	Referee	Asst. Ref	Referee	Asst. Ref
Current Year:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Career:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Days Available: **WED 16:** **THU 17:** **FRI 18:** **SAT 19:** **SUN 20:**

Airline Travel Information

Flt # _____ Arrival Time _____ Airline _____
Flt # _____ Departure Time _____ Airline _____

Emergency Contact Person _____ Phone Number _____

Medical Insurance Carrier _____ Medical Insurance Policy # _____

If you are associated with a team, coach or player participating in this competition please complete the following:

Age Group: _____ State: _____ Team Name: _____ Relationship: _____

I hereby certify that I have completed all Referee registration requirements of USSF for 2009. I understand that submitting this selection form represents a firm commitment on my part to referee at the competition noted above, should I be selected.

Date form completed: _____ Signature of Referee: _____

Referee: Mail this completed application to your state SYRA without delay.

I hereby certify that the information submitted by the above Referee has been verified by me. I recommend that this Referee be favorably considered for participation in the above competition. I further certify that this Referee has completed all registration requirements of USSF for this year.

SYRA Signature: _____ Date: _____